CMP
United Business Media

Chemist&Druggist
The Newsweekly for Pharmacy

C&D

13 March 2004

Scots set off on the road to a new contract

CHRP is told public concern is paramount

Victory for PI importers in reboxing case

HRT's impact on the health of women

Making ADHD our focus of attention!

Methylphenidate Hydrochloride

For the treatment of Attention Deficit Hyperactivity Disorder in children

NOW AVAILABLE FROM YOUR WHOLESALER

ANOTHER EFFECTIVE GENERIC ALTERNATIVE FROM NEOLAB

neolab

Neolab Limited, 57 High Street, Odiham, Hook, Hants. RG29 1LF
Tel: **01256 704110** Fax: 01256 701144

Methylphenidate 5mg, 10mg, and 20mg
Abbreviated Prescribing Information

Presentation - Tablets each containing 5 mg or 20 mg of methylphenidate hydroch

Indications - Methylphenidate is indicated of a comprehensive treatment programme behavioural syndrome attention-deficit hy disorder (ADHD), where the application of measures alone is insufficient.

Treatment with methylphenidate must be supervision of a specialist in childhood be disorders.

Methylphenidate treatment is not indicated dren with this syndrome and the decisi se the drug must be based on a very tho assessment of the severity of the child's s

Dosage and Administration -
Adults: Not applicable. *Elderly:* Not appli
Children (over 6 years): Initially 5mg once daily, to be taken orally (e.g. at breakfast a Increase the dose and/or frequency of administration as necessary, by weekly inc of 5-10mg in the daily dose. The maximu daily dose is 60mg.

Children (under 6 years): Not recommend

If loss of drug effect occurs in the early ev a small evening dose of methylphenidate n given to resolve recurrent symptoms such disturbed behaviour and/or inability to fall a

If improvement of symptoms is not seen a appropriate dosage adjustment over a one- period, the drug should be discontinued. Methylphenidate should be discontinued pe to assess the child's condition. Drug treatr usually discontinued during or after puberty

Contraindications - Treatment with methylp is contraindicated in patients presenting wit marked anxiety, agitation or tension, as this may exacerbate these symptoms.

Other contraindications are: Pregnancy. Pre of motor tics. Tics in siblings. Family histo diagnosis of Tourette's syndrome. Hyperthyroidism. Severe angina pectoris. Cardiac arrhythmias. Glaucoma. Thyrotoxi Hypersensitivity to methylphenidate or any other ingredients in the formulation.

Special Warnings and Precautions -
Methylphenidate should not be used in child under the age of 6. Females of child bearing potential should use effective contraception. not known whether methylphenidate or its metabolites pass into breast milk, but for sa reasons, breast feeding mothers should not methylphenidate. Methylphenidate should n used to treat severe exogenous or endogeno depression. Behavioural disturbance and tho disorder may be aggravated when used in psychotic patients.

Methylphenidate is not indicated in all cases ADHD. Before starting therapy, patients shou be evaluated for risk factors such as hyperte a history of drug dependence or alcoholism epilepsy. Monitoring of the child's growth is recommended during treatment. Caution sh applied with the use of methylphenidate in ep patients. Blood count and platelet count shou performed periodically. Careful supervision is required during drug withdrawal. The use of methylphenidate may inhibit the metabolism other medications such as coumarin anticoag some anticonvulsants, phenylbutazone and tr antidepressants. Caution is advisable in patie who are taking pressor agents, MAO inhibitors guanethidine. Abstention from alcohol during treatment is recommended.

Side effects - Nervousness, insomnia, abdo pain, nausea, dry mouth, decreased appetite vomiting can occur at the beginning of treatm In some cases headache, drowsiness, dizzine dyskinesia, rash, pruritus, urticaria, fever, arth and scalp hair loss can occur. In very rare ca hyperactivity, convulsions, muscle cramps, ch athetoid movements, tics, or exacerbation of t Tourettes syndrome, toxic psychosis (sometim with visual and tactile hallucinations), transient depressed mood, cerebral arteritis, abnormal l function, tachycardia, palpitations, angina pec arrhythmias, thrombocytopenic purpura, exfoli dermatitis and erythema, leucopenia, thrombocytopenia and anaemia, changes in bl pressure and heart rate and/or occlusion can Very rarely, moderately reduced weight gain a slight growth retardation during prolonged use children can occur.

Legal Category - POM

MA Number
PL 18153/0001 – 5mg Tablets
PL 18153/0002 – 10mg Tablets
PL 18153/0003 – 20mg Tablets

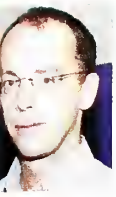
MA Holder - Laboratorios Rubio SA, C/Industri 29, Pol. Ind. Comte de Sert, 08755 Castellbisb (Barcelona), Spain

Trade Price
£2.78 – 5mg Tablets (1 x 30)
£5.57 – 10mg Tablets (1 x 30)
£9.98 – 20mg Tablets (1 x 30)

Pack Size - 30 Tablets

Date of preparation - January 2004

Further information is provided in the Summary Product Characteristics which is available from MA Holder or the UK distributor.



www.dotpharmacy.com

Chemist & Druggist

Volume 261 No 6435
First published
September 15, 1859
ISSN 0009-3033

Top stories

Scots plan for control of entry and contract 4
NHS boards should offer financial incentives for pharmacists to provide NHS services in areas of need, but should control services where there is over-provision, suggests the Scottish Executive

Access to conflict resolution training 5
Pharmacy staff are to be offered training to recognise and diffuse potentially violent situations with non-physical intervention. Pharmacists will be able to book the courses, at cost, through LPCs

Regulators to emphasise public protection 6
Regulated professional bodies should focus on public safety, the Health Policy Research Unit has advised the Government's over-arching health regulator, the Council for the Regulation of Healthcare Professions

Draft sexual health plan fails 8
Scotland's draft sexual health strategy should consider areas such as conception and pregnancy from a pharmaceutical perspective, suggests RPSiS's acting secretary Nigel Graham (left)

Parallel importers win reboxing case 10
Parallel importers Medihealth and Dowelhurst have won the right to repackage pharmaceutical PIs from three different manufacturers for the UK market. The Court of Appeal decided it was necessary

Practice

Potassium problem 25
Mary Allen describes a case of hypokalaemia

Regulars

Features

Managing GORD 30
Fawz Farhan has some timely advice on managing gastro-oesophegal reflux disease to coincide with the launch of the first OTC proton pump inhibitor

What next for HRT? 38
Sarah Purcell assesses the latest recommendations for this controversial therapy

No accounting for taste 44
John Davies examines the pros and cons of giving up on audited accounts, now that they are no longer compulsory

Scots plan for control of entry and contract

by Adrienne de Mont
ademont@cmpinformation.com

The Scottish Executive says NHS boards should offer financial incentives for pharmacists to provide NHS services in areas of need, and control services where there is over-provision. In addition, all pharmacists providing pharmaceutical services will need to register on pharmaceutical lists, under plans published on Tuesday.

The consultation document *Modernising NHS Community Pharmacy in Scotland* proposes that NHS boards should have a statutory duty to provide the pharmaceutical care services necessary to meet "all reasonable needs" of local people. Boards would be required to keep a pharmaceutical care services plan (PCSP), in consultation with health professionals and patients, stating where there was under or over-provision of services.

The current "necessary and desirable" test for control of entry to pharmaceutical lists would be replaced with a more objective way to determine where PCSPs were located. Future applications would be assessed against the agreed PCSP. Pharmacies providing services that matched the needs plan would be granted a "new" contract and continue to operate as previously.

If there was over-provision, pharmacies would be granted a "holding" PCSP contract for a set period of time. Boards would have powers to "incentivise change that would result in a match between service provision and the PCSP". For example, boards could give financial assistance for contractors to combine forces or move to a location where services were deficient.

If boards were unable to secure services through a "new" PCSP contract they would be able to arrange services themselves. The first step would be to offer the service to contractors with a "holding" contract, either on an individual or consortium basis. For core services provision, the fees would be those negotiated centrally but boards would be able to pay more if a provider offered additional services. If this failed, board staff or pharmacy contractors in another board area could provide the service.

All registered pharmacists delivering pharmaceutical services in the area would be entered on the board's pharmaceutical list, and all would become responsible for their own actions.

For more information:
www.scotland.gov.uk

New contract in 2005

The new pharmacy contract should come into effect in the year 2005-06, although elements may be phased in during 2004-05, the document says. The Scottish Executive and Scottish Pharmaceutical General Council have agreed an outline framework comprising two main elements:

- core services negotiated centrally – eg chronic medication, minor ailments, acute medication and public health services
- additional services negotiated locally.

Legislation would cover the quality of services and the premises from which they were provided, and would require contractors to comply with continuing professional development requirements, institute their own clinical governance and audit their services.

Supervision

The Health Department is proposing to replace the curren requirement that medicines are dispensed by or under the direc supervision of a pharmacist. Instead, "supervision" will be taken to mean ensuring safe systems of work, enabling community pharmacists to devote more time to direct patient care.

Written responses to the consultation should be sent to *pharmacyconsultation@scotland.gsi.gov.uk* or to Susie Braham, Scottish Executive, Health Department, St Andrew's House, 1ER, Regent Road, Edinburgh EH1 3DG, to arrive by June 1.

Contractor pharmacist to have place on CHPs

Every Community Health Partnership (CHP) in Scotland should include a pharmacist whose name is included in a pharmaceutical list, say draft regulations published this week.

CHPs will be responsible for managing or directing independent contractor services including community pharmaceutical services, primary medical services, and general dental and ophthalmic services. Other services coming under their remit include mental health, child health, school health and addiction.

CHPs are being set up to build on the achievements of local health care co-operatives, and to provide higher quality, accessible services to local communities. They will ensure there is a specific focus on health improvement in their communities and take local action to improve wellbeing and lifestyles.

A GP, a nurse or midwife, dental practitioner and ophthalmic optician will be among the other health professionals on the CHP, which will also include local authority and voluntary sector representatives. All shall be appointed by the health board.

Malcolm Chisholm, minister for health and community care in Scotland, has sent the draft CHP Regulations and statutory guidance to the Health and Community Care Committee to inform stage two of the *NHS Reform (Scotland) Bill*. Comments may be sent to *kathleen.bessos@scotland.gsi.gov.uk* by May 7.

Proposals offer 'comfort'

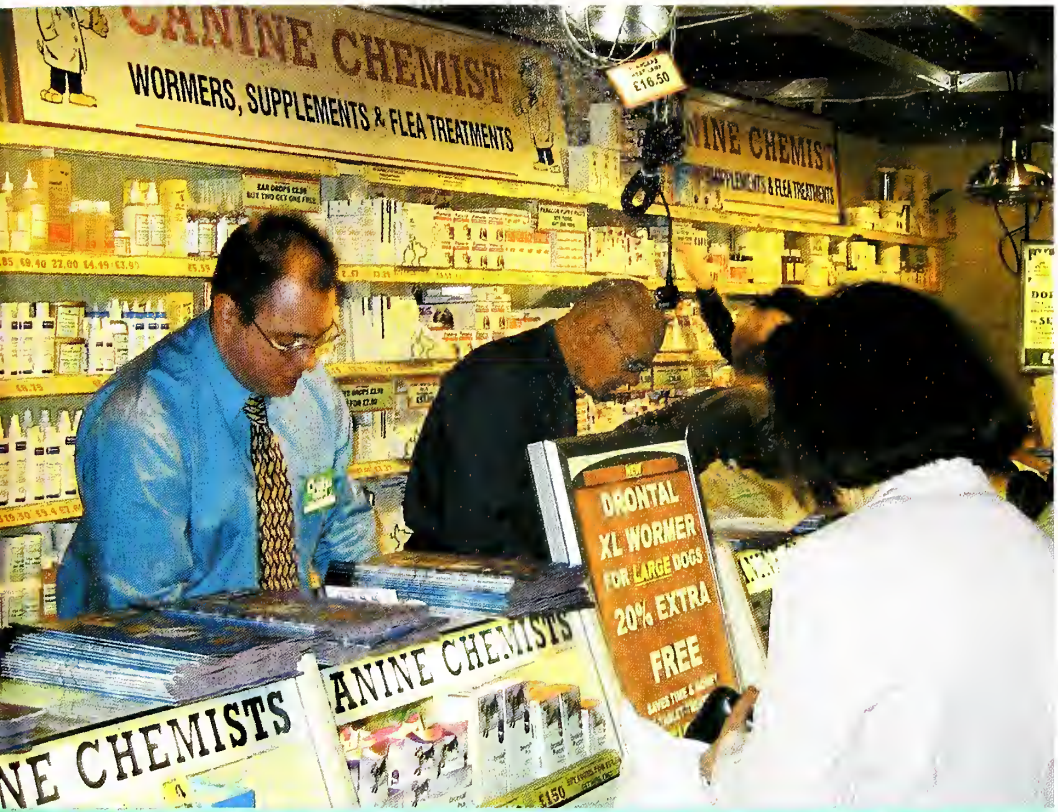
Frank Owens, SPGC chair, told *C&D* that the proposals offered some comfort. The existing community pharmacy network was still regarded as the main route through which patients would access NHS pharmaceutical care, while allowing for gaps in service provision to be filled through secondary routes.

The proposals made no reference to control of entry exemptions, unlike proposals for England. And while the document recognised internet pharmacy and robotics, remote dispensing would be allowed only for prescriptions presented at or through the patient's local community pharmacy.

At first sight David Thomson, chairman, Royal Pharmaceutical Society in Scotland, thought the proposals to plan the distribution of pharmaceutical services wer encouraging. Patients, too, wou welcome the introduction of "named pharmacists" which would allow individuals to be identified.

The Scottish Pharmaceutic Federation intended to study t proposals in depth before issu a statement.

Frank Owens: pharmacy still the main route for patients' care



RACTICE

Pharmacists to be given conflict resolution training

by Gary Paragpuri
gparagpuri@cmpinformation.com

harmacists will get access conflict resolution training om next month.

Staff will be trained to cognise and diffuse potentially olent situations using non- ysical intervention techniques. armacists will be able to book courses, at cost, through PCs, the DoH announced Tuesday.

"From April 2004 pharmacists l also be included in the new ional reporting system for idents of violence against staff. e new Local Security nagement Specialists (LSMS), o will be based in PCTs, will pport the police in investigating h incidents," the DoH added.

The announcement came after CFSMS and PSNC met last k in the first of a series of etings to discuss what support mmunity pharmacists could get arding security management.

After the meeting, which focused on violence against pharmacists, PSNC said it had identified three main security issues: the cost implications; action on violence in pharmacies; and dealing with violent and abusive patients and whether pharmacists should be entitled to refuse to provide services to such patients.

PSNC said the cost of intruder alarms and other security devices had been picked up within the cost of service inquiry, but the issue of violent patients and whether pharmacists could refuse services had not yet been raised at the tripartite discussions.

Post office benchmark

Shadow health minister Andrew Lansley has called for community pharmacists to be given the same level of security as post offices.

Mr Lansley told *C&D*: "They [pharmacies] need shutters and video cameras and the full co-operation of the police. I would like to see our community pharmacists given the same level of security as post offices. We must make sure they are no longer easy targets for crime."

Speaking after health minister Rosie Winterton said security had not been raised in pharmacists' contractual discussions and that data on pharmacists who were crime victims was not collected, Mr Lansley said: "The Government's reply shows the DoH does not know the extent to which pharmacists are vulnerable to attack and crime. It is important we do recognise that some are victims of crime and have an important frontline role in the NHS."

Date set for Charter claim hearing

The Royal Pharmaceutical Society's application for a quick decision in its legal dispute with the SOS group over the new Charter will be heard in London's Royal Courts of Justice on May 18.

RPSGB president Gill Hawksworth said: "We were aiming for the application to be heard before Easter, in order to resolve the matter as quickly in possible, in the interests of the profession and the public. Unfortunately, despite our best efforts, it has not been possible to reach agreement with the claimants' legal team on an earlier date."

The Society applied for a summary judgement last month to determine if the SOS's claim would lead to a triable issue or not, in a bid to save time and money (*C&D, February 28, p7*).

Seven from SOS to seek election

Seven SOS candidates will stand for election to the RPSGB's Council, the group has announced (see *p20*). The seven SOS candidates will pledge to withdraw the existing petition for a new Charter if elected, SOS said.

COPD posters to raise awareness

The British Thoracic Society COPD Consortium is asking pharmacists to display a poster to raise awareness of the condition.

Entitled "Trouble with breathing?" the poster advises patients to see their GP or practice nurse for a breathing test if they suffer any of the early warning signs of COPD outlined.

BTS COPD Consortium chairman Michael Rudolf said: "Pharmacists can play a key referral role in identification of the disease, and the sooner it is diagnosed and treated, the better the outcome for the patient."

For free copies of the poster:
www.brit-thoracic.org.uk/copd
E-mail: *copd@imc-group.co.uk*
Fax: 01252 845700

Children using anti-fat drug

Thousands of children are prescribed the anti-obesity drug orlistat annually, health minister Melanie Johnson has said.

In 2002, an estimated 3,000 prescriptions for the drug were for children out of a total of 541,400, she said.

Regulators must emphasise their role in public protection

by Gary Paragpuri
gparagpuri@cmpinformation.com

Statutorily regulated professional bodies should have an explicit emphasis on public protection as their primary function, the Government's over-arching health regulator has been told.

In addition, "the body regulating the professional group concerned should not also be the body which seeks to advance the interests of such professionals", the Health Policy Research Unit has highlighted in a scoping exercise carried out for the Council for the Regulation of Healthcare Professions. Clearly defined objectives are vital to the proper targeting of regulatory regimes to ensure transparency and public accountability, it adds.

Referring to the RPSGB, the report says that although the Society emphasises that its central objectives are tied to serving the public interest, the RPSGB's Charter would need to be changed to "make this pre-eminent over the advancement of the profession of pharmacy itself".

The CRHP has stressed that the scoping exercise did not reflect its priorities and policy. "We recognise that individual regulators operate in the way that they do and, as a new organisation, we want to understand how they operate and the particular issues they face," a CRHP spokesman said.

He added that the CRHP's aims were to share best practice and deliver greater consistency in regulation.

A Royal Pharmaceutical Society spokesman said: "There is no proposal from the CRHP that the Society should split its roles. This was a comment by a researcher that was in the original scoping document but is not CRHP policy, nor has it been raised subsequently.

"The point about 'explicit emphasis on public protection as the primary function of all the statutorily regulated professional bodies' is one that the Society anticipated in the drafting of its proposals for a Section 60 Order and the proposed new Royal Charter."

Regarding the SOS's legal challenge to the RPSGB's Charter application, the CRHP said it would be inappropriate for it to have a view.

Chelmsford seeks views

Essex contractors are being asked for feedback on a pharmacy strategy that will be included in Chelmsford PCT's local development plan for the next three years.

The draft document outlines plans to extend the role and range of services offered by community pharmacy. The areas covered are public health, clinical governance, medicines management and repeat dispensing, minor ailments and future developments such as supplementary prescribing.

A local contractor, who wished to remain nameless, was concerned at having only two weeks to comment on the strategy. The deadline for a response is March 15, with a planned implementation date of April 1. He said: "There are good things in the strategy, but it is too brief. We need to know details such as funding. If community pharmacists are to work with this document they need to take ownership of it."

There was no one available to respond for the PCT as *C&D* went to press.

Questiontime

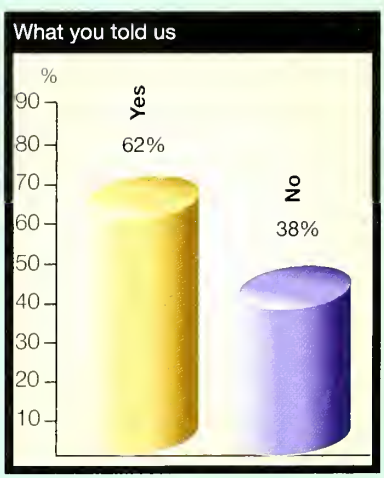
Sponsored by UniChem

Last week we asked you: "No Smoking Day is on March 10. Do you think pharmacists should do more in the campaign to ban smoking in public places?" You replied (see right):

This week's question: Do you believe the Scottish Executive's approach to control of entry regulations (*see p4*) is one that should be adopted in England?

Yes No

You can record your vote on our website: *www.dotpharmacy.com*. You have until noon on March 16 to cast your vote. We will publish the results in *C&D*, March 20.



Pharmacy robber gets nine years

The armed robber who stole money and drugs from a Paisley pharmacy has been sentenced to nine years in prison.

Steven Milligan pleaded guilty to armed robbery at a Lloydspharmacy last year (*C&D 2004, February 28, p8*). According to the *Glasgow Evening Times*, Lord Reed said: "The courts treat very seriously all robberies committed against vulnerable shop staff, and particularly seriously robberies where the shop is a chemist targeted for drugs."

OL® RAPID (diclofenac potassium) TIATED PRESCRIBING RMATION. **Indicatians:** Rheumatoid osteoarthritis, low back pain, migraine cute musculo-skeletal disorders & trauma, g spondylitis, acute gout, control of pain & ion in orthopaedic, dental & other minor yrophosphate arthropathy and associated **Presentotians:** 25mg or 50mg, tablets, each containing diclofenac **Dasoge and Administratian:** Take h fluid. *Adults.* Up to 100-150mg per day divided doses. Migraine: Initially 50mg at of an attack. A further dose can be taken ter. If needed, further doses of 50mg can at intervals of 4 to 6 hours. Do not exceed er day. *Children:* 75 to 100mg per day in ided doses. Not recommended in children Migraine: Use in children not yet d. *Elderly:* Use with caution. Monitor for ng during first 4 weeks of treatment. Use ective dose in frail patients or those with weight. **Cantraindications:** Active or peptic ulcer or GI ulcers or bleeding. ensitivity to diclofenac. Patients in whom rticaria or acute rhinitis are precipitated in or other NSAIDs. **Warnings, ions and interactians:** *Warnings:* onitor patients with symptoms or a history sorders. Discontinue if GI bleeding or develops. Closely monitor patients with epatic impairment. Allergic reactions, anaphylactic/anaphylactoid reactions Signs and symptoms of infection may be *Precautions:* Renal, cardiac or hepatic nt, elderly: Keep under surveillance and enal function. Use lowest effective dose e if abnormal liver function persists or Hepatitis may occur without prodromal Recovery following major surgery ant diuretics. Hepatic porphyria. May inhibit platelet aggregation. Monitor with defects of haemostasis. Long-term monitor renal and hepatic function and unts Bronchial asthma, history of heart r hypertension. *Interactions:* Lithium, anticoagulants, antidiabetic agents, in, methotrexate, other NSAIDs and oids, diuretics, quinolone antibiotics, ycosides, mifepristone, antihypertensives. **cy and lactatian:** Only use during in compelling circumstances. Use lowest ose. Congenital abnormalities have been with NSAIDs. May cause premature the ductus arteriosus or uterine inertia. se during last trimester. Traces of active detected in breast milk, but unlikely to be to the infant. **Effect on obility to use machines:** May cause dizziness or S disturbances: do not drive or use if this occurs **Side-Effects:** *GI:* Epigastric pain & other GI disorders. bleeding, GI ulcer. *Isolated:* Lower gut pancreatitis, aphthous stomatitis, esophageal lesions, constipation. *CNS:* Headache, dizziness, vertigo. *Rare:* tiredness. *Isolated:* Disturbances in paroesthesia, memory disturbance, on, insomnia, irritability, convulsions, anxiety, nightmares, tremor, psychotic aseptic meningitis. *Special senses:* isturbances in vision, impaired hearing, bances, tinnitus. *Skin:* Occasional: n eruptions. *Rare:* Urticaria. *Isolated:* ptions, eczema, erythema multiforme, nson syndrome, tyell's syndrome, na, loss of hair, photosensitivity urpura. *Renal: Rare:* Oedema. *Isolated:* l insufficiency, urinary abnormalities, ephritis, nephrotic syndrome, papillary ver: Occasional: Raised ALT or AST. function disorder including hepatitis, solated. Fulminant hepatitis. *Blood:* Thrombocytopenia, leucopenia, osis, haemolytic anaemia, aplastic *Hypersensitivity. Rare:* Hypersensitivity olated: Vasculitis, pneumonitis. *Other s: Isolated:* Impotence. *Cardiovascular:* olated: Palpitations, chest pain, congestive heart failure. **Product e mbers, quantities and price:** APID 25mg Tablets PL 00101/0481 £3.67 (excl VAT). VOLTAROL RAPID s PL 00101/0482 Boxes of 28 VAT.) **Legol Categary:** POM. **Date sion:** November 2002. VOLTAROL is d Trade Mark. Full prescribing including Summary of Product cs, is available from: NOVARTIS TICALS UK LIMITED Trading as. Geigy als, Frimley Business Park, Frimley, urrey, GU16 7SR. mber: 01276 692255 01276 692508

et al Curr Ther Res 1992; 52

ration, January 2004

rtis Pharmaceuticals UK Ltd

Think differently about diclofenac

®Voltarol Rapid

diclofenac potassium

Voltarol Rapid is an immediate release potassium formulation of diclofenac tablets

Voltarol Rapid starts to relieve pain in 15 minutes[1]

Voltarol Rapid is suitable for acute painful disorders that require a quick analgesic effect[1]

NOVARTIS

POLITICS

John Reid gets chatty with public

Health secretary John Reid launched his own Big Conversation last week to pinpoint the barriers to improving our health. Dr Reid wants PCTs and local authorities to engineer local schemes for people to suggest ways to improve public health.

Choosing health? asks how the nation could tackle health problems such as obesity, smoking and sexually transmitted diseases.

When it was announced, England's chief pharmacist Dr Jim Smith said a pharmaceutical steering group had fed into the consultation. This steering group will also feed into the negotiations for the new pharmacy contract. A Department of Health spokesman said: "The work of this group will definitely feed in to the wider consultation on public health and will ensure that pharmacy's contribution is channelled into the relevant part of the consultation.

"The proposed contractual framework for community pharmacy will reflect the public health role of pharmacists. The level of involvement is currently being discussed with PSNC and the NHS Confederation."

PSNC NHS services head Alastair Buxton said: "PSNC is looking to develop the contract to ensure public health is at the core of the contract. It is critically important, we can't ignore the agenda."

For more information:

www.dh.gov.uk

SEXUAL HEALTH

Sexual health plan fails to utilise pharmacists

by Gary Paragpuri
gparagpuri@cmpinformation.com

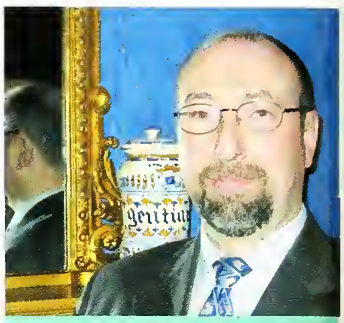
Scotland's draft sexual health strategy fails to utilise community pharmacy as a public health resource, the Scottish Pharmaceutical Federation has said.

The draft strategy fails to recognise community pharmacy's potential in promoting positive health and does not reflect the ideals expressed in documents such as Scotland's pharmacy plan *The Right Medicine* and the pharmaceutical public health plan *Pharmacy for Health*, the SPF said in its response to the draft.

Expressing disappointment at the limited role identified for pharmacists in the draft, the SPF highlighted the services community pharmacy could provide, including: leaflet distribution in line with national campaigns; supplying EHC, condoms and chlamydia testing kits; pharmacist supplementary prescribing of oral contraceptives; signposting to specialised services; and pharmaceutical care provision to HIV patients.

In the RPSiS's response to the strategy, acting secretary Nigel Graham said although pharmacy's contribution to Scottish health was well documented, there was "less understanding or acknowledgement" for community pharmacy's daily contribution to public health improvement.

The strategy should also consider areas such as conception and pregnancy from a pharmaceutical perspective, including the provision, use and understanding of agents used in reproductive medicine, and advice on medicine use in pregnancy and breast-feeding, he said.



Highlighting the lack of detail over the strategy's funding, he added: "If the recommendations within this draft strategy are to be implemented, a considerable funding stream must be identified to instil a confidence of longer-term sustainability."

RETAILING

Lloyds alarms students

Lloydspharmacy has donated hundreds of personal safety alarms to students at Warwick University. Rachel Rodia from Lloydspharmacy delivered the alarms to Warwick Students' Union Welfare Officer Francesca Miles to give out to students.

MEDICINES

Cholesterol test offered as part of OTC statin sale

Pharmacists will be able to offer cholesterol testing as part of selling OTC statins, the Government has suggested.

Responding to a parliamentary question asking if the POM to P switch for simvastatin would be linked to cholesterol testing, DoH under-secretary Lord Warner said: "The intention is that pharmacists will be able to offer cholesterol testing to people who want it."

He added: "The proposal also includes a pharmacy protocol on the questions pharmacists would need to ask to ensure those at a higher risk and who need to be referred to their GP can be identified, and those at a lower risk can choose to purchase a statin. Current evidence suggests that, for adults in western societies, it can be beneficial to reduce cholesterol levels whatever the starting point."

The CSM will advise ministers on the proposals in the light of the responses to the consultation, Lord Warner said.

PRACTICE

Mobile monitoring trial

Nearly 100 patients have been recruited to a diabetes monitoring trial that combines blood glucose meters with mobile phones.

Specialist software has been installed into the phones that are connected to the patient's glucose meter via a cable. This enables patients to transmit their blood glucose readings to a secure server. A response is then sent to the patient's mobile phone from the server.

The information is stored on a secure web page that can be accessed by specialist nurses to see an overall picture of glucose control.

The trial subjects are between 16 and 25 years old and have been newly diagnosed as suffering from type 1 diabetes

The nine-month trial is being run by Oxford University in conjunction with Lifescan, Vodafone and e-San Limited.

ain's WOMEN'S HEALTH FORMULA

Wellwoman.com

WELLWOMAN

FOR CUSTOMERS IN THE 21ST CENTURY

TABIOTICS
RE NATURE MEETS SCIENCE

Wellwoman™ is the intelligent multivitamin for women with EPO and starflower. With a unique £400,000 new advertising campaign starting now, its sales will turn you into a retailing superhero!

Vitabiotics

Wellwoman®

Wellwoman Capsules and new Wellwoman Fizz are available from your wholesaler

Parallel importers win four-year reboxing case

by Sasa Janković
sjankovic@cmpinformation.com

After four years of litigation, parallel importers Medihealth and Dowelhurst have won their ongoing battle with GlaxoSmithKline, Boehringer Ingelheim and Eli Lilly over how pharmaceutical PIs can be repackaged for the UK market.

The Court of Appeal has decided that it was necessary for Dowelhurst and Medihealth to rebox products to gain effective access to the UK market. Boehringer Ingelheim's appeal on passing-off was similarly dismissed.

However, questions on the style of packaging importers may adopt have been referred to the European Court of Justice.

Had GSK, Eli Lilly and Boehringer Ingelheim succeeded, they would have been able to hinder the PIs of their own products into the UK by asserting their trademark rights. Parallel imports are estimated to save the NHS and taxpayers more than £100 million per annum.

In giving his judgment, Lord Justice Jacobs said: "Sometimes I think the law may be losing a sense of reality in this area – we are, after all, only considering the use of the owner's trade mark for his goods in perfect condition. The pickle the law has got into would, I think, astonish the average consumer."

Medihealth spokesman, Mike Retter, said: "I am delighted that the Court of Appeal has confirmed our right to rebox. We hope that our right to provide high quality, low cost products for patients and pharmacists will now be fully recognised. We are looking forward to the ECJ's further clarification."

Bharat Shah, managing director of wholesaler Sigma Pharmaceuticals, which stocks over 1,000 generic lines and 800 parallel imports, said: "I have always believed that parallel imports are beneficial to everyone concerned; the patient, pharmacist and the NHS; but multinationals have been trying to protect their position, which is silly as it works against patient compliance.

"This is very good news as it endorses the fact that parallel imports have a place in the general dispensing and wholesaling market."

IMS Health has reported that a decline in the impact of parallel trade in medicines within the European Union has been recorded for the first time.

The market data analysts found that parallel trade growth in the UK was just 1 per cent between 2002 and 2003, in contrast to a growth rate of around three times that of the market for the three preceding years.

For more information:
www.imshealth.com

Enigma and Dacoll offer Saturdays

Supplier of patient medication records software Enigma Health has teamed up with Dacoll to offer an improved hardware maintenance service.

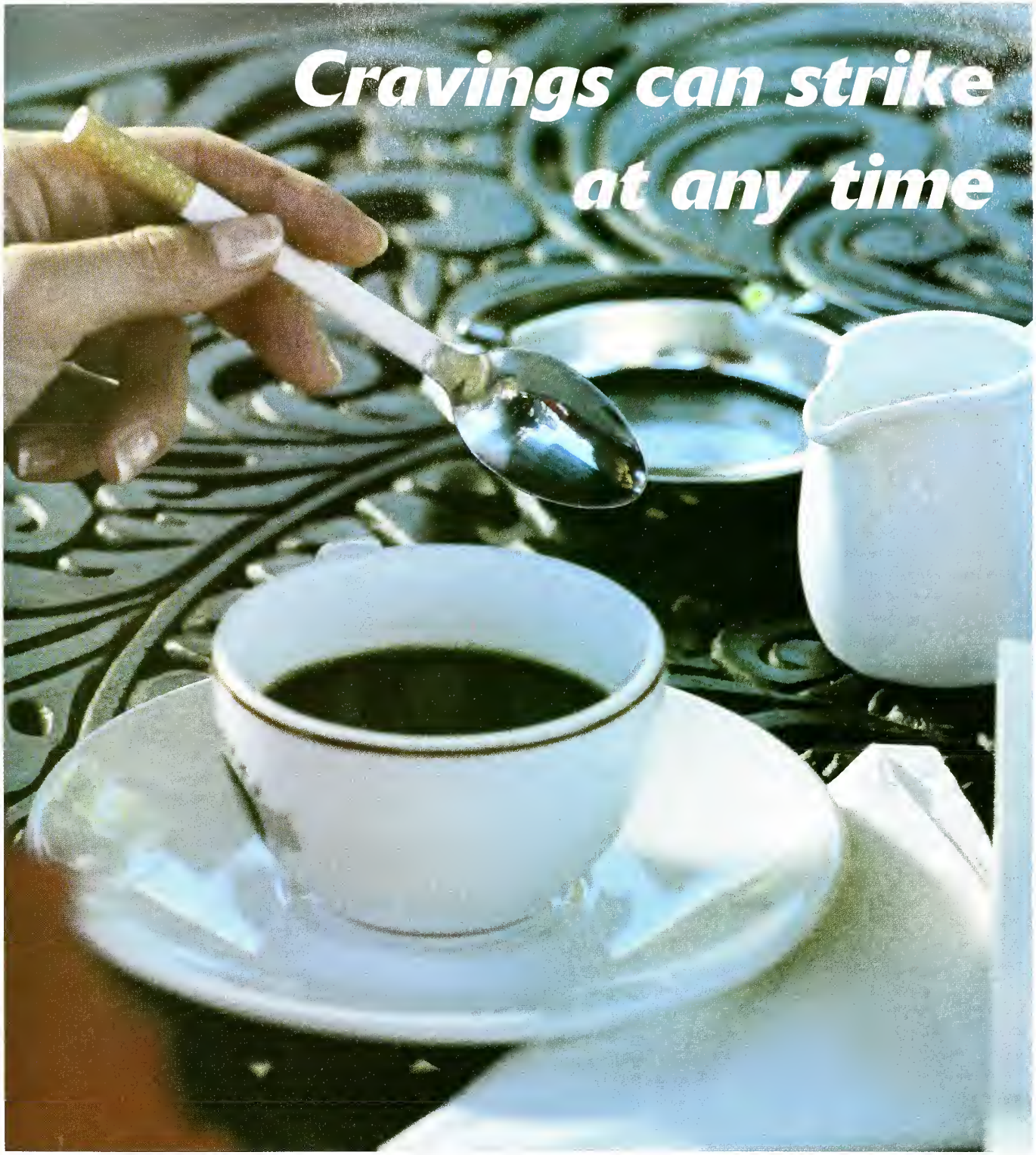
Edinburgh IT company Dacoll has taken over the hardware maintenance service from Centerprise and is offering pharmacists a Saturday call out service at no extra cost.

Enigma Health's director of customer services, David Farrow, said: "We conducted a trial with Dacoll in February and were very happy with the results. We have now rolled it out to all customers and look forward to working with Dacoll and extending the maintenance service further."

Enigma Health plans to extend the service to all hardware used by its customers.

Dacoll was involved in developing web-based access to pharmacies in Scotland.

For more information:
www.enigmahealth.co.uk



When smokers are trying to quit, cravings can catch them out at any time.

NiQuitin CQ® Clear patches provide nicotine continuously, offering craving protection 24 hours a day, 7 days a week.

With your advice and support, NiQuitin CQ® Clear patch and an individual Click2Quit Stop Smoking Plan, you'll not only be helping your customers get through another day smoke free, you could be helping them give up for good.

www.Click2Quit.com

NiQuitin CQ®
Nicotine CLEAR

More power to you*

*compared to willpower alone.

Cupr PLUS

THE STRONG SELLER JUST GOT STRONGER

From the Ibuprofen brand of choice in Pharmacy[1] comes NEW Cuprofen Plus.

How your customers benefit

- Real value for money compared to brand leader[2]
- The power of Ibuprofen + Codeine
- A name your customers trust

How you benefit

- Excellent level of POR
- Pharmacy Only formula
- Extends the No1 recommended adult oral analgesic range[1]

See how much you can save your customers		
	12's RSP	24's RSP
Leading Ibuprofen + Codeine Brand 200mg*	£2.67	£5.03
Cuprofen Plus 200mg	£2.39	£4.39
YOUR CUSTOMER SAVES	£0.28	£0.64

*C+D Price List Feb. '04

The power of Ibuprofen + Codeine

+

Your No1 Adult Oral Analgesic brand recommendation[1]

+

Premium brand quality at an affordable price

IT ALL ADDS UP TO A BIG PLUS

NEW

ofen

Ibuprofen

+

Codeine

=

Fast, powerful pain relief from

• muscle and joint pain • backache • fibrositis • tennis elbow

• sports injuries (e.g. strains and sprains)

• pain due to non-serious arthritis

PLUS

• headaches • migraine • neuralgia • period pain • dental pain

ial Product information. Each tablet contains 200mg Ibuprofen and 12.8mg Codeine Phosphate. Indications: Symptomatic relief of mild to moderate pain including soft tissue injuries such as sprains, strains and lo-tendonitis, backache, non-serious arthritic and rheumatic conditions, also neuralgia, migraine, headache, dental pain and dysmenorrhoea. Dosage and Administration: Route of administration: Oral. Adults and n over 12 years: 1 or 2 tablets every 4 to 6 hours. Not more than 6 tablets in 24 hours. Not recommended for children under 12 years of age. Contraindications, Warnings, etc.: Not to be used by patients with ensitivity to the active ingredients or a history of peptic ulceration. Use with caution in patients with gastrointestinal disease, receiving anti-coagulant therapy, or patients suffering from or with a history of bronchial or allergic disease. If headaches become persistent the patient should be advised to consult their doctor. Legal Category: P. Presentation and RSP: 12 tablets £2.03 excl VAT, 24 tablets £3.74 excl VAT. P.L. Number: 71/0431. P.L. Holder: GlaxoSmithKline Consumer Healthcare, Brentford TW8 9GS. Date of Preparation: January 2004.

International plc

Reference: 1. No.1 recommended adult oral analgesic brand in Pharmacy. Taylor Nelson Sofres Counterpoint MAT Q3.03. 2. RRP Cuprofen Plus 24s £4.39, versus RRP Nurofen Plus 24s £5.03. C+D price list February 2004.

Aventis details Sanofi rejection

by Sasa Janković
sjankovic@cmpinformation.com

Aventis has explained its rejection of Sanofi-Synthélabo's recent £33 billion hostile takeover bid.

"We firmly believe that this offer is not in the best interests of Aventis shareholders or employees. It undervalues the company, it carries significant risk, and it will cause job losses for limited strategic benefit," said Igor Landau, chairman of the management board.

"The tender period will not close until the end of May at the earliest and Aventis shareholders should hold on to their shares as there is greater value ahead.

"Earnings forecasts for Aventis have been upgraded following our results announcement, and we are progressing well on a number of other fronts in our commitment to maximise value," he added.

Aventis's reasons for rejecting the offer include its opinion that it is opportunistically timed, clearly undervalues Aventis and presents limited strategic benefit for the company.

Aventis also predicts the proposed takeover would involve "major job cuts in France and Germany". It said: "Sanofi has made clear that it wishes to benefit from Aventis's global infrastructure. If so, any cost synergies will have to be realised chiefly in France and Germany, home to 40 per cent of the combined workforce of some 102,000 employees."

However, Sanofi's chairman and chief executive, Jean-Francois Dehecq, said Aventis would suffer "much higher social costs" from merging with any other company, as Sanofi's small size would enable it to absorb Aventis with fewer redundancies.

For more information:
www.aventis.com

EMT increases Avent offering

EMT Healthcare has strengthened its relationship with baby feeding equipment brand Avent. In addition to product information and advice, EMT Healthcare is now offering floorstands and shelf packages, together with point of sale, catalogues and staff training material including a video and CD-Rom.

For more information:
EMT Healthcare
Tel: 0115 849 7700

De Witt buys T-Zone

Liverpool firm De Witt, owner of the Witch and Clinomyn brands, has acquired T-Zone for an undisclosed sum. De Witt has increased its turnover by 20 per cent in the last year and the acquisition of the T-Zone brand is part of its growth strategy.

CAT and Lonza extend deal

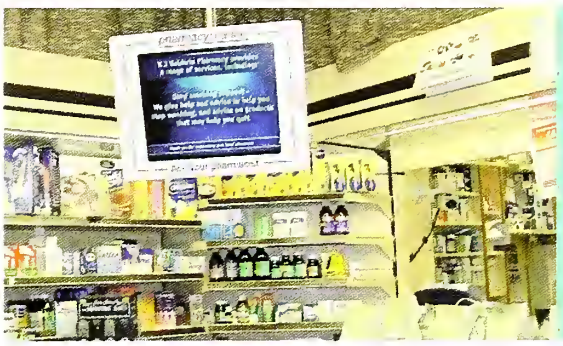
Cambridge Antibody Technology and Lonza Group have extended their agreement for Lonza Biologics to manufacture and supply clinical grade antibody drugs to CAT until the end of 2006.

The agreement will guarantee CAT and its collaborators have access to Lonza's manufacturing capability at production scale for both ongoing programmes and future projects.

Pfizer relocates consumer health

Pfizer Consumer Healthcare has officially taken up residence in Walton Oaks, joining other Pfizer business units at Pfizer's UK commercial headquarters in Surrey.

Digital advertising campaign is spreading



Pharmacy Channel, provider of digital point of sale advertising in independent pharmacies which launched last year, has now signed up 400 pharmacies in central London.

Claiming to be the world's largest in-store pharmacy digital media network, Pharmacy Channel promotes brands via 17in LCD Adscreens at the counter area. It is now rolling out within the rest of the M25 and the UK.

Chief executive Kalpesh Vyas said: "Pharmacy Channel's message will be the last in the mindset of the consumer while they are making their purchasing decision. Currently 4.8 million consumers watch Pharmacy Channel through retail pharmacies every month and growing."

Each pharmacy gets a bespoke advert to promote their services within the community. Pharmacy Channel also includes some brand promotion and 'Health Watch' topical content. Recent issues tackled include smoking cessation, obesity and exercise.

"Consumers see the pharmacist proactively advertising the brand on Pharmacy Channel more than any other and therefore give the brands greater loyalty and trust," said Mr Vyas.

For more information:
www.pharmacychannel.tv

Advanceinfo

MARCH 22
Pharma Brands 2004
One-day conference on pharmaceutical marketing and brand development at the Café Royal, London. For details tel: David Stableford on 020 7970 4325.

APRIL 4-5
Natural Products Europe
Trade event in the grand hall, Olympia, 9.30am-17.30pm. Register online at *www.naturalproducts.co.uk*

APRIL 19-24
National incentive & motivation week 2004

APRIL 20-22
Incentive World 2004
At Earls Court, London. For more information contact Marina Ruscoe or Val Mumby at the Promotional and Motivation Information Centre on 020 7736 4022

APRIL 23-25
Institute of Pharmacy Management 40th Anniversary Spring Conference, Bath
For details tel: 02476 221359 or see the Institute's website: *www.pharmweb.net/ipmi.html*

Morrisons given go-ahead on Safeway

Northern supermarket chain Morrisons has completed its £3 billion bid for rival Safeway.

The Competition Commission cleared its bid on the condition that it sells 53 Safeway's stores.

Around 1,200 of Safeway's 2,200 head office staff are expected to lose their jobs in the consolidation.

Executive chairman Sir Ken Morrison will lead a combined group with 554 stores and sales of £13bn.

Shoppers have begun to reap the benefits already with prices lowered on more than 300 lines this week. This follows Asda's £40 million price reductions across its stores last week.

Sir Ken Morrison said: "This will be good news for customers everywhere."

by

Special Request

ELDON SPECIALS

epsos™

The Eldon Product Selector and Ordering System

- A simple and effective way to source Specials 24 hours a day
- Contains an extensive range of 'off the shelf' products and 'at a glance' the ingredients required to tailor-make that Special script
- This easy to use system can be installed onto the hard drive of your PMR/computer or used as a stand alone accessory

AVAILABLE FROM MID MARCH

Pharmacist signed request is required

FREE 0800 616132

to request epsos™

Complete and return

Eldon Laboratories · 2/4 Pooley Close
Newcastle upon Tyne · NE5 2TF

Please provide me with the Eldon Product Selector and Ordering System

Signed ..... Date .....

Name (printed) .....

Pharmacy .....

Address .....

.....

Telephone .....

Account No. (if appropriate) .....

CSM in dementia warning

Elderly patients should not be given two atypical antipsychotics to treat behavioural problems from dementia, warned the Committee on Safety of Medicines.

After reviewing the data, the CSM has warned there is a three-fold increase in the risk of stroke for elderly people taking risperidone for dementia, an indication for which it does not have a licence. There was a similar risk for olanzapine, which is also used 'off-licence' to treat dementia.

CSM chairman Professor Gordon Duff said: "The advice issued relates only to two specific atypical antipsychotic drugs being used to treat behavioural symptoms for dementia. Other patients using this type of drug to manage other conditions are not affected."

Medicines and Healthcare products Regulatory Agency chairman Sir Alasdair Breckenbridge said: "Antipsychotics are not licensed for the treatment of behavioural problems in dementia but we know they are used in these patients outside their licensed indications where prescribers make a judgement on their own responsibility that it is the right treatment for a particular patient.

"Many patients who suffer from dementia can be managed without medicines and for those who do need drug treatment, there are a variety of alternatives available."

The Department of Health estimates that 30,000 patients aged 65 and over received risperidone and 9,000 received olanzapine last year.

ComingEvents

MARCH 14

West Surrey Branch, LPC

Pharmacy Development Group, Guildford & Waverley PCT, North Surrey PCT and Woking Area PCT invite all pharmacists living and working in and around West Surrey to a Joint Conference on changes that are happening within the profession and in all fields of practice. At the Ramada Jarvis Hotel, Hog's Back, Seale, Farnham 10am to 4pm. Cost £25 made payable to West Surrey LPC to Sally Greensmith, Community Pharmacy Facilitator, Guildford & Waverley PCT, Haslemere Hospital, Church Lane, Haslemere, Surrey GU27 2BJ.

MARCH 16

RPSGB East Metropolitan Branch

Meeting at The Churchill Room, Wanstead Library, Spratt Hall Road, Wanstead, London E11 9QZ at 7.30pm for 8pm, a buffet is provided.

PCTs face staff shortages

PCTs are short of "talented and capable clinicans and managers", a government watchdog has claimed.

PCTs face problems recruiting for managerial posts, have unsuitable buildings for modern healthcare and an underdeveloped ability to commission specialist services for other health organisations, a Commission for Healthcare Improvement report has claimed.

However, the NHS Alliance warned against ignoring the achievements made by PCTs. It criticised CHI's report as it was based on clinical governance reviews of 48 out of 300 English PCTs, and focused on GP, district nurse and physiotherapist shortages. NHS Alliance claimed it had warned about staff shortages and blamed the focus on the secondary care workforce to the detriment of primary care.

NHS Alliance chief executive Michael Sobanja said: "PCTs are at the heart of NHS reforms but they have inherited inadequate systems and inadequate resources. Nevertheless, they are the true modernising force in the health service. We must support and encourage them and not focus on weaknesses to the exclusion of all else."

● Primary care pharmacists are key to the effectiveness of PCT commissioning and the implementation of the new GMS contract, NHS Alliance chairman Dr Michael Dixon has said.

"Before long we shall see specialist PMS providers, and an even bigger role for pharmacists to advise on the commissioning of primary care services." The new GMS contract would put pressure on GPs to work closely with pharmacists to improve medicines management and repeat prescribing models, he added.

Off Patent

Amlodipine

As the market leaders in 'first to market' generics, new product availability from IVAX is second to none. New and off patent this month are Amlodipine Tablets in 5mg and 10mg strengths.

Amlodipine is a well-established calcium channel blocker indicated for the treatment of hypertension and the prophylaxis of angina. Dosage is initially 5mg once daily, with a maximum of 10mg a day.

There are three classes of calcium channel blockers:

Dihydropyridines – amlodipine, nifedipine, nicardipine

Benzothiazepines – diltiazem

Phenylalkylamines – verapamil

All calcium channel blockers influence the myocardial cells, the cells within the specialised conducting system within the heart, and vascular smooth muscle. They cause vasodilatation and improved coronary blood flow. This prevents the symptoms of angina and lowers blood pressure systemically.

However, they differ in their specificity for these possible sites of action, so their therapeutic effects vary accordingly. Amlodipine is a long acting calcium channel blocker that relaxes vascular smooth muscle and dilates coronary and peripheral arteries.

While all are quite similar in their efficacy as antihypertensive agents, verapamil and diltiazem have a strong negative inotropic effect (ie decrease the force or speed of muscular contraction) and so are contraindicated in patients with heart failure. Amlodipine does not reduce myocardial contractility, and so does not tend to produce clinical deterioration in such patients.

On patent expiry, IVAX Pharmaceuticals UK are first to market with the launch of Amladipine Tablets, available in its highly acclaimed new patient pack presentations of 28 tablets of 5mg and 10mg

The side effects of amlodipine are those associated with vasodilatation such as flushing and headache (which may wear off after a few days) and swollen ankles.

While beta-blockers, plus long acting nitrates are probably first choice treatments for angina, long acting dihydropyridines are a second choice if a beta-blocker is ineffective or contraindicated.

In the management of hypertension an ACE inhibitor or a Beta-blocker is often used in combination with either a Calcium channel blocker or a Diuretic. Under the so-called AB/CD rule younger patients (<60 years) are treated with A or B first, which may be combined with B or C, while older patients (>60 years) are started with C or D to which A and B may be added.

In addition to amlodipine, other IVAX 'first to market' product launches in 2004 will include pravastatin, together with pergolide, minocycline, cyclosporin, clarithromycin and many others.

Comment from the Editor

Last week's question was: No Smoking Day is on March 10. Do you think pharmacists should do more in the campaign to ban smoking in public places?

"Yes. People are more likely to give up if smoking was banned in public places. There is practice-based evidence to support this"

Nilesh Shah, Princes Risborough

"It's a personal thing and people are entitled to their freedom of choice. Pharmacists are here to educate rather than be judgemental"

Anon, Coalville, Leicestershire

"No. We do enough as it is with NRT supply and it is not our place to do that"

Anon, Cowdenbeath, Fife

The publication of the Scottish Executive's plans for the pharmacy service in Scotland should put pharmacists in a fairly optimistic mood, at least on first inspection.

Plans for a two-tier contract, rather than the three planned for England, keep it simple. Encouraging pharmaceutical services by allowing a degree of common sense, as well as incentivising contractors, could allow the service a degree of flexibility that could benefit the NHS, pharmacists and patients.

There are one or two aspects that may cause problems, though, principally because the consultation paper is sometimes lacking in detail. Maybe that's how the Executive would prefer it at this stage, to allow a thorough debate, but lessons should be learnt from the English experience. The lack of clarity in the mooted control of entry exemptions created a high degree of uncertainty and suspicion.

As for the consultation on pharmacist supervision requirements, as has been said by many, a significant part of the success of community pharmacy is that the pharmacist is available for consultation without appointment. How far will the Scottish Executive be prepared to encourage pharmacists to leave the premises for domiciliary visits?

Where Scotland differs from England is with the 'named pharmacist'. Registering those who provide NHS services, and not just contractors, will drive forward clinical governance. But as a new idea, it needs further consideration in terms of training, monitoring and administration.

Of course, this will all need to be costed. The Scottish Executive has a reasonable track record on pharmacy remuneration, so those north of the border may feel better valued than their Sassenach cousins.

Lessons should be learnt from the English experience

Yourviews

RPSGB Veterinary Pharmacists' group chairman Andrew Cairns says...

... don't forget our animal friends

Why is it that parties outside pharmacy are continually telling us that pharmacists are not interested in veterinary medicines?

The merchants' organisation appears unnecessarily anxious about pharmacists becoming more involved in the supply of medicines into the livestock sector. Manufacturers, on the other hand, may have political concerns about community pharmacists supplying pet medicines in a way that may disadvantage their existing veterinary customers.

How does this line up with the fact that the Marsh Report wants vets to offer clients prescriptions that may be dispensed by pharmacists? Is the Competition Commission misguided in thinking that the involvement of pharmacists will offer a sound opportunity for price competition?

The launch by the RPSGB this month of the new postgraduate Diploma in Veterinary Pharmacy and the Certificate in Companion Animal Studies is a bit surprising then. Also, the new *Textbook in Veterinary Pharmacy* edited by Jepson and Kayne has just hit the bookstalls.

Under-involvement of the pharmacist as yet (few P products) is regrettable but explicable. Won't we put an effort behind products unless they are classified P and we get them ourselves? More likely, in the absence as yet of a robust 'P' category of veterinary medicines, it is the comparison with the human classification system and its many pharmacy OTCs that makes us assume we are not expected to participate in the supply of veterinary medicines.

Pharmacists can, surely, contribute competently to better use of prophylactic medicines, many of which are under-used in both pets and food chain animals. The result is improved animal welfare, better farming efficiency and a significant contribution to public health.

TOPICAL REFLECTIONS

Let's be a little more upfront with IT

If the health minister Rosie Winterton is to be believed then electronic transfer of prescriptions will begin in January 2005 (*C&D, March 6, p6*). Now that is less than a year away and I still have no idea what system is to be used. Ever since the ETP trials were so summarily stopped there has been a stunning silence over its eventual implementation.

I am also told that I am to be linked via my upgraded pharmacy computer to N3, the successor to the NHSnet. But no mention of how this is to be achieved, who is to pay for the upgrading or how ongoing costs are to be managed.

As the professional charged with responsibility for managing ETP and whose remuneration is dependant on its equitable introduction, I should be consulted but I have not even had the courtesy of an explanatory letter of intent.

Connection to N3 and ETP could, if effectively implemented, revolutionise the management of repeat prescriptions but I am nervous of the outcome when such a huge change is being organised, apparently behind closed doors.

A boil on the proverbial

The management of minor illness should be the prerogative of the community pharmacist and the sales of medicines to treat these conditions should be growing rapidly. That it is not is worrying.

The other day a mother presented with a prescription for her child for 50g of Mag Sulph paste and 10 Mepore dressings. It had taken her three days to arrange an appointment, take the child to the surgery and then obtain the medicines to treat a simple boil. I carefully suggested that a simpler solution would have been to consult me in the first place but she seemed surprised at this suggestion.

Despite advertising designed to encourage patients to seek advice from their pharmacist, far too many patients are still making doctor's appointments for minor ailments. PSNC considers the treatment of minor ailments an essential service under our new contract but they could most easily be dealt with privately by direct consultation with a community pharmacist.

The apparent barrier is two-fold: the dependence that many patients have on the totality of the NHS, and the attitude that all medical treatment should be free. At present it may be more convenient to use the pharmacy but with free GP consultations the surgery becomes the preferred option.

To really encourage patients to use their pharmacy every surgery appointment should incur a small charge. When both convenience and cost then become a part of the equation, first seeking the advice of their community pharmacist should become the preferred choice.

Why bother?

Most health ministers are nothing if not predictable and Rosie Winterton certainly lived up to her predecessors' reputations at the PSNC dinner. When asked to speak to an expectant audience she rose to the challenge and said ... precisely nothing.

PSNC chairman Barry Andrews appeared to cave in without a fight. He obviously fully understood the reasonable case for the veiled threats of the still unpublished change to the control of entry regulations, the resulting 2003-04 remuneration imposition and a further delayed agreement on the new contract.

So did the massed ranks of the assembled delegates then rise up in fury and amidst cries of resign, resign, demand an end to the fiasco of further negotiations? No, they took their cue from their chairman and squeaked in unison. Only the fly on the wall had apoplexy.

If ever an occasion deserved strong leadership then it was this disingenuous speech by Rosie Winterton; but what was delivered was deferential capitulation. A message loud and clear that here is a profession ready and willing to roll over and die at the behest of its political masters. Before the PSNC dinner I still had hope. Now I am ashamed to be a pharmacist.

HOSPITAL REPORT

Research conundrum

The UK has a great reputation for innovative drug research and the development of new medicinal products. Lately this has taken a few knocks, but none have been as severe as the one that could kill UK research over the next year.

The European Commission has decreed new rules governing clinical research in an effort to ensure that such work carried out in different countries in the EC will produce results that are of equal validity and acceptable in every member country. Although the rules are due to be implemented on May 1, the UK legislation is unlikely to be available before March 31 and as there are several areas where the UK could potentially differ from the EC directive, there is considerable uncertainty.

This has the possibility of being a series of minor hiccups if handled well...

Part of it is a new standard form for submitting a research project, completed online. The system apparently went live at 9.30 on March 1 and shut down at 11am the same morning for the rest of the day. It couldn't cope with the nearly 300 users trying to access it.

Another aspect is a major revamp of the Research Ethics Committee structures around the country. The 100 to 200 Multi-centre and Local Ethics Committees are to be replaced by 43 "accredited" committees covering the whole of the UK. The potential logjam is incredible. To add to the confusion, none of the committees have yet been told whether they will be accredited.

This has the possibility of being a series of minor hiccups, if handled well, or a major calamity, if handled badly. The overall impression is that someone, somewhere, has underestimated the amount of research being carried out in the UK.

Written by a senior hospital pharmacist

Mark Koziol, Graham Phillips, Hassan Argomandkhah and Mike Williams set out why they have instigated legal action and what they are fighting for

Why we need to Save Our Society

In 2001, few could have imagined that the 'modernisation' process would create a constitutional crisis of unprecedented proportions.

The first large scale protests came at the 2002 AGM, where members raised concerns about the dilution of the representative role.

During the next 12 months, the situation deteriorated; the membership lost trust in the Society and became hostile to 'modernisation'.

The new Charter plan was announced in 2003, but members were not extended the constitutional right of voting, we believe, as it was considered that the plan could be rejected.

A draft Charter was published which had dropped the object requiring the Society to promote the interests of the members. In June, members requisitioned a Special General Meeting in which the Society was severely criticised by hundreds of pharmacists and a number of motions were passed virtually unanimously.

Nationally, the voices of protest grew louder, the past presidents, past senior staff and past editors of the *Pharmaceutical Journal* and several pharmacy organisations began to speak as if with one voice.

The second draft Charter was published in October 2003 and it became obvious to us that members' concerns had simply been ignored. Many letters and articles in the pharmacy press have been disregarded and pharmacists have had their concerns ridiculed. At two branch representative meetings, two AGMs and one SGM, members have spoken, but they have been virtually ignored.

A few days before the final decision on the Charter was to be taken by the Council in December 2003, at the request of SOS campaigners, all members of Council received a legal briefing from specialist lawyers. This expressed doubts about the process used and it urged members of Council to take independent legal advice. It argued that if the Council proceeded to petition the Privy Council with a Charter that did not enjoy the support of members, then this would inevitably lead to sustained and escalating protest from the membership. The briefing was supported by a petition signed by 1,000 pharmacists calling for a referendum. The legal advice was ignored and the referendum proposal rejected.

In the event, the Council vote fell short of the 75 per cent majority required by the constitution, but despite a deeply divided Council and a lack of membership support, the petition was presented. Subsequently, the Privy Council received several counter-petitions, but it became apparent that the profession was on the verge of being granted a new Charter – one that few pharmacists wanted and which could govern us probably for the next 50 years.

Just days before it was to be finally decided, several legal specialists apprised a group of concerned pharmacists as to the options left open to ensure that this Charter petition could be stopped until such time as the membership were given a meaningful say on its destiny.

Only one option guaranteed that it could be halted – legal proceedings. The action could not be taken against the Society itself, because it was not the Society which had petitioned for the new Charter. The petitioning had been conducted by the Council, but the Council is not recognised as a legal entity. It therefore became necessary to name individual Council members in the proceedings. This was done only because it was necessary and in the knowledge that they had the protection of professional indemnity insurance arranged for them by the Society.

We are advised that in all such cases it is appropriate that the Society should not fund the Council's costs. The action is purely about getting the court to establish the legality of the process and nothing to do with suing Council members for damages.

After only one brief notification in the pharmaceutical press, members from all parts of the country sent in more than enough funds to commence proceedings and funds are still coming in. The 16 members of Council who voted to support the Charter received a notification that action was to be commenced in the High Court.

Dynamic duo: Graham Phillips, left, and Hassan Argomandkhah

What do we want to achieve? To prevent this new Charter gaining its assent until either the members have supported it with a vote or another version acceptable to the membership is found. We have taken this action because we believe that this new Charter would irreparably damage the profession's ability to represent the members' interests.

During the past two years, the members have said that they want a Charter that:

- Reinstates the object that sets out to promote the interests of the members – as was unanimously expressed at the SGM.
- Provides two distinct boards within the Society's structure: one to deal with regulatory issues and one to represent the members.
- Ensures that if ever the Society were to be wound up, that its assets would not pass to a regulator but would pass to a body with a membership.
- Reinstates democratic controls for members: the current Charter as petitioned significantly dilutes the control the members currently have via general meetings.

Where are we now? The excellent news is that the petition has been stopped – the Privy Council will not proceed until the legal action has taken its course, but this represents only a temporary stay of execution.

Certain things now need to happen otherwise we will lose this hard fought opportunity:

- A compromise needs to be found. A suggestion has been put forward by several Council members to convene a Charter conference inviting all parties to find a way forward. The final say will need to be given to the members in a vote.
- Council elections are just around the corner and there will be seven SOS candidates pledged to withdraw the existing petition if elected. This could give those against the petitioned Charter a majority on Council. This year, and having come so perilously close to disaster, pharmacists will have a last opportunity to ensure that sufficient numbers on a new Council can make a difference.
- Finally, members need to continue sending in subscriptions to the SOS campaign. For without funds, the action will stop and the existing Charter petition would be quickly resurrected way before a new Council could take charge.

As an alternative to all of this, the current Council could withdraw the current petition immediately and then work hard to unify the profession behind an acceptable compromise.

We believe that it is in the interests of pharmacists, the profession and the public to have strong independent professional body, one that can continue to maintain high standards. A profession that can challenge government policy if it feels that it is not in the public interest and not a profession that simply becomes the government's enforcer.

Pharmacists truly do care about the Society; we ask them therefore to support us, as togeth we can still Save our Society.

www.saveoursociety.org.uk

Society changes will not preserve self-regulation

RPSGB member of Council Douglas Simpson shared these views with the Eastbourne branch on March 5

The proposed changes to the Royal Pharmaceutical Society will not preserve self-regulation for the pharmacy profession.

One of the things we are told by Lambeth is that the changes *will* preserve self-regulation. A reference to this can be found in an article on the Society's modernisation programme (*The Pharmaceutical Journal, January 26, 2002 p 117-8*). But whatever pharmacy will have in the future, it will not be self-regulation.

Finlay Scott (chief executive of the General Medical Council) was interviewed on Radio 4's *Today* programme on February 28. In an item on the possibility of the GMC facing criticism as a result of the Shipman Inquiry, Mr Scott said that what the medical profession had now was not self-regulation but "professionally-led regulation in partnership with the public".

The GMC has 40 per cent lay membership. The Society's Council, under the proposals sent to the Privy Council, would have 17 pharmacists, two technicians and 10 lay people. Counting the technicians among the lay membership, this would give a proportion similar to that of the GMC.

The GMC was set up by statute with the sole purpose of regulating the medical profession. But the Society was set up by its members as a representative professional association; the regulatory role was added later.

A governing body with 40 per cent lay membership might be OK for a regulatory role, but it would certainly not be fit for the governing body of a representative professional association. That is the conundrum, and it is one that the Society has not yet solved.

I favour a federal structure for the Society, with regulation being handled by a separate board within the Society. Changes in the Charter are needed and I am not opposed to the Society's regulatory processes being modernised. But I have opposed the petition for a new Charter for several reasons:

- The members have not approved its final wording.
- The third object concerned with promoting the interests of members would be weakened.
- Benevolence, the fourth object of the current Charter, would be relegated to being a subsidiary power.
- Membership of the Society could be extended to new categories without the express permission of current members.
- Regulation would be an object, when it had never been before and was covered by statute.
- Restrictions on selling the Society's real estate without members' approval would be dropped.
- The majority needed at general meetings to approve changes to the Charter would be cut from three-fourths to two-thirds.
- Places for technicians would be made on the Society's Council before the consultation process on whether or not the Society should regulate technicians had been completed.

Benevolence has always been a Charter object of the Society. Bequests have been made to the Society over the years because of its work in this area. It is a breach of faith to weaken the Society's position on benevolence.

In relation to making regulation a Charter object, this opens up the possibility, if the Society were ever to be wound up, that all the assets that pharmacists have built up over the years as a professional association would end up in the hands of a regulator.

All in all, the proposed new Charter represents a poor deal for members. I believe that the Society should withdraw the petition and find a means of finding a compromise that members can support. The members created the Society and built it up from its earliest beginnings. They have to be satisfied with what is being done in their name.

VMS – your questions answered

Q A high percentage of my customers are over 60 years old. What natural product can I recommend they take to help with aches and pains?

A For years, one of the most tried and trusted ways of warding off aches and pains in our older years has been a daily dose of cod liver oil. The omega-3s contained in cod liver oil and fish oils have anti-inflammatory benefits and recent research shows that a daily dose of an omega-3 supplement may delay or even reverse the destruction of joint cartilage and the inflammation and pain of arthritis.

A recent development is a new supplement called **Seven Seas JointCare Projoint**. This formula is ideal for the over 60's who are suffering from joint pain either from general wear and tear or specific conditions, which effect cartilage degeneration such as arthritis. This product contains Omega-3 fatty acids, giving the benefits of cod liver oil, plus high potency marine Glucosamine which has been shown to alleviate the symptoms of arthritis. These ingredients work together to help keep joints and muscles supple and lay down the foundation for the everyday rebuilding of connective tissues like cartilage. **Projoint** also contains Chondroitin, which is involved in the attraction of fluid to lubricate the joints. It also has a blend of amino acids and minerals along with Vitamin D, Vitamin K and calcium, essential for building and maintaining strong, healthy bones. Overall, **Projoint Formula** has a triple action to help maintain healthy joints, muscles and bones making it an ideal choice for recommending to your older customers.

False accounting leads to striking off order

A pharmacist who fiddled money by wrongly claiming back cash for prescriptions pleaded in vain not to be struck from the Register.

The Royal Pharmaceutical Society's Statutory Committee heard Lay Dean Cheah (formerly Atkinson) owned L Atkinson Pharmacy in Derby when she was accused of false accounting.

Kristina Stern, for the Society, said Ms Cheah denied 15 charges at Derby Crown Court where she was convicted in December 2002 after a six-day trial.

The judge had directed the jury to convict her only if they were sure she had been dishonest rather than incompetent. They duly convicted her and the judge told her that although she was "already well remunerated" she was "prepared to resort to dishonesty to obtain further reward".

The judge fined her £3,000 and ordered her to pay £17,142 costs and in November last year her appeal against conviction was dismissed.

Ms Stern said Ms Cheah would sign prescriptions claiming patients were over 60 or entitled to income support when this was not the case.

Ms Cheah told the Committee: "I was under tremendous stress, overworked and taking too much on. I regret very much what happened and it's an embarrassing situation to be in.

"The pharmacy is my life and the life of my children because they have been brought up in the business.

"I would like to give my word that this was a lesson I will never forget. It will never happen again."

Ms Cheah said she was living in Penang, West Malaysia, as she was taking a year off and added: "I cannot apologise enough for my behaviour – it was negligent and reckless. It's like a nightmare that I would like to wake up from."

However, Ms Stern pointed out: "What she has said is inconsistent with a conviction for dishonesty. The jury was specifically told that if it was carelessness or recklessness they should acquit."

Ms Cheah, who represented herself, handed references and testimonials to the Committee but after retiring to consider the matter chairman Lord Fraser of Carmyllie QC, said: "An essential ingredient of the offence is that there has been dishonesty. In all the circumstances we cannot avoid the conclusion that we should remove your name from the Register and that we now do."

Ms Cheah has three months to appeal against the decision.

Pharmacist altered scripts for own-use painkillers

A pharmacist twice altered prescriptions to obtain a greater number of painkillers from the pharmacy where she worked, the Statutory Committee heard last month.

Beryl Wyn Jones of Gwynedd, North Wales, altered a prescription for 28 Tramadol capsules to 160 last March and in April changed a prescription for 60 to 160. She initialled both alterations using the doctor's initials.

Mrs Jones, who worked at Tesco's in-store pharmacy in Penrhos, Holyhead, had suffered numerous medical problems, including an unsuccessful knee operation that left her in pain.

Geoffrey Hudson, for the Royal Pharmaceutical Society, said Mrs Jones had received 232 extra capsules.

Mrs Jones had admitted to her GP that she had made the alterations and told him: "I did a foolish thing."

David Garside, representing the pharmacist, said his client fully accepted what she had done and "could only say that she was very sorry".

He explained she had spent 10 days in hospital, part of which she was "close to death" and added: "This is not a minor ailment, it is serious and life threatening. She had recently survived a life threatening condition and was physically frail and psychologically very vulnerable."

Mr Garside said the experience had a substantial impact on her and the incidents with the altered prescriptions were completely out of character.

Although she had been advised that it could take up to a year to fully recover, Mr Garside said his client had returned to work too early – only two months after being discharged from hospital.

He added: "The two prescriptions she altered were her own prescriptions. There is no suggestion that she did this as a matter or profit or to pass on to a third party."

Mrs Jones said: "It is probably because I was under such strain that I did this. In all my 12 years as a pharmacist the thought has never crossed my mind."

Lord Fraser of Carmyllie QC said: "It is a very serious matter for a pharmacist to alter a prescriber's numbers on a prescription. There are odd features about it and we are not yet confident that we wholly understand her motivation or her mental state."

The Committee adjourned the case for 12 months, during which time they advised Mrs Jones not to work in stressful conditions and that when she is unwell to take time off to recover.

Lord Fraser added that when the Committee meet to resume the case they will want to hear evidence from Mrs Jones in person that she is free of any addiction and that she should provide GP and psychiatric reports.

If she meets all these requirements, said Lord Fraser, they will conclude the case with a reprimand.

Pharmacist gets three months to address dispensing errors

A Hertfordshire pharmacist has been given three months to put his house in order after a catalogue of dispensing errors.

Shiraz Habib Mitha of Welwyn Garden City first came to the attention of the Royal Pharmaceutical Society in November 2000 when he charged £14.50 for filling a veterinary prescription.

Kristina Stern, for the Society, said after the customer challenged him about the cost Mr Mitha admitted he had charged for the whole bottle of Sucralfate instead of the 25ml prescribed. He then wrongly agreed to hand over the rest of the bottle without a prescription.

Other errors followed in 2000 and 2001, said Ms Stern.

At a previous hearing in July 2002, the Society heard Mr Mitha gave a patient suffering from an anal fissure the wrong cream. When she challenged him he wrongly told her that her consultant had said it would be fine. The patient suffered a "severe side effect," said Ms Stern.

In addition he was found to have dispensed Viagra from a photocopy, rather than an original prescription; failed to specify the dosage for a Controlled Drug and breached legislation relating to the supply of Prescription Only Medicines.

At that time Mr Mitha was found guilty of misconduct as to render him unfit to practise but was given a stay of execution for 12 months to give him a chance to iron out any deficiencies in his practice. If all went well he was assured the sanction would be merely a reprimand.

But a hearing last month was told that further errors followed. In March 2003 he gave a patient, identified as JB, fluoxetine capsules instead of paroxetine.

When the patient queried it, Mr Mitha said: "We all make mistakes."

But the patient added: "I said I don't think you can in this business. He said he was sorry but didn't seem concerned at all. His whole attitude was laid back and I expected something more professional."

In July 2003 another patient, identified as BK, was given tacrolimus 5mg capsules – 10 times the prescribed dose of 0.5mg.

The patient, who had received a liver transplant, went to hospital feeling unwell and her tacrolimus level was found to be high. However, said Ms Stern, it was not suggested this had adversely affected her health.

Society inspector Jill Hutchinson made repeated visits to the pharmacy to try to help Mr Mitha improve his dispensing and record keeping.

Mr Mitha, who admitted all the allegations but denied saying "we all make mistakes" in an offhand way, said: "I apologise unreservedly to all concerned. Since these incidents I have come a long way and improved the whole dispensing procedure."

Committee chairman Lord Fraser repeated the warning of the earlier Committee but said this time the final decision would be postponed for just three months in order for Mr Mitha to convince the Committee his name should not be removed from the Register.

Vodka-drinking pharmacist given a year's reprieve to sober up

A pharmacist who admitted to sipping vodka from a bottle of Appletise while at work has been given a year's reprieve.

Jyoti Thakore of Swindon, Wiltshire, admitted consuming alcohol while in charge of a pharmacy and being unfit to be on duty. She was employed by Knight's Chemist at its pharmacy in Banbury, Oxon.

The Royal Pharmaceutical Society's Statutory Committee decided to adjourn the case for a year with three conditions, and if she remains sober she can expect a reprimand when she next appears.

Committee chairman Lord Fraser of Carmyllie QC said: "Being under the influence of alcohol in a pharmacy is thoroughly unprofessional conduct."

However he added: "Although she did come close to having her name removed from the Register, we have decided to give her this opportunity to maintain her sobriety."

Mrs Thakore must keep in contact with a counsellor, undergo blood tests every three months and follow a suggestion that she limits her working time.

The Committee heard that, in January 2003, colleague and healthcare assistant Jacqueline Ashmall noticed Mrs Thakore was uncharacteristically giggly, her eyes were glazed and she was paying "exaggerated attention" to customers.

Ms Ashmall suspected the pharmacist had been drinking and reported it to a Society inspector.

Mrs Thakore admitted she had been drinking vodka and had not been fit to be in charge. She continued working at the pharmacy but in May last year she again seemed to Ms Ashmall to be agitated, with glazed eyes and smelling strongly of alcohol.

Geoffrey Hudson, for the Society, said Mrs Thakore had been uncharacteristically repeatedly rude to Ms Ashmall and was again exaggeratedly attentive to customers, even hugging one of them.

Knights' superintendent pharmacist Nitin Sodha dismissed Mrs Thakore after smelling alcohol on her breath and after she had eventually agreed that she had a drink problem.

But when asked to leave the premises Mrs Thakore became aggressive, demanding paracetamol before she asked a passer-by to give her money for a taxi fare home. She attempted to get a lift from a colleague's father – offering her wedding ring as payment.

Eventually Mr Sodha resorted to calling the police who only released her on assurance that she attended Birdsgrove House for rehabilitation, which she did that day.

Although two previous attempts to resolve her alcohol problem had failed, Mrs Thakore told the Committee she had not had a drink since the day of her dismissal.

She said the problem had begun in a previous job where she had taken an hour and a half lunch break, during which time she would return home and have a glass of wine with her sandwich. "It really progressed from there," she added.

She admitted drinking at work and said she could get through a bottle of wine or a quarter bottle of vodka a night and would top up her alcohol intake before going to work in the morning and continue drinking during the day.

She said: "In all honesty I'm disgraced with myself and listening to all that [evidence] I feel very, very ashamed of myself. I'm very sorry."

Explaining her subsequent recovery, she said: "Those two weeks [at Birdsgrove House] have been a saviour in my life. It was a turning point. Since that day I have not even had a compulsion to drink.

"I feel absolutely wonderful. I feel so great and whoever that was before May, it was a person I don't know and I don't want to know. It's just a miracle really."

Mrs Thakore said she had the support of family, and her current employers were aware of her past problems.

IMPORTANT DRUG CHANGE

ZISPIN® TABLETS
mirtazapine

ARE BEING REPLACED BY

ZISPIN® SolTab™
mirtazapine orodispersible tablet

- Conventional Zispin 30mg tablets will be phased out by 4th May 2004
- Zispin SolTab are available in a wider dose range – 15mg, 30mg and 45mg
- Zispin SolTab is bioequivalent to conventional Zispin tablets,[1] and can be taken with or without water
- Zispin SolTab 30mg is 16% less expensive than conventional Zispin 30mg tablets – saving £3.67 per patient for 28 days treatment[2]
- **Patients on conventional Zispin tablets should be changed to Zispin SolTab by 4th May 2004**

Thank you in advance for helping to ensure that this transition goes smoothly. Should you have any queries, please do not hesitate to contact Organon Medical Information on 01223 432 756 or email medrequest@organon.co.uk

References 1. van den Heuvel MW, et al. Clin Drug Invest 2001; 21(6): 43-432. 2. MIMS February 2004

Zispin SolTab 15mg, 30mg, 45mg - Zispin 30 mg Tablets
(See SPCs before Prescribing)
Presentation: Zispin SolTab 15mg, 30mg, 45mg. Peel-to-open strips of 6 orodispersible tablets each containing 15, 30 or 45 30mg of mirtazapine, available in packs of 6 or 30 tablets. Zispin SolTab 15mg are also available in packs of 6 tablets. **Zispin 30 mg tablets** Blister strips of 7 tablets each containing 30mg of mirtazapine, available in packs of 28 tablets **Uses:** Treatment of depressive illness. **Administration:** Zispin SolTab should be taken out of the strip with dry hands and should be placed on the tongue. The SolTab will disintegrate and can be swallowed without water. Zispin tablets should be taken orally, if necessary with fluid, and swallowed without chewing. **Dosage** Adults and elderly: The effective daily dose is usually between 15 and 45mg. Children: Not recommended. The clearance of mirtazapine may be decreased in patients with renal or hepatic insufficiency. Zispin is suitable for once a day administration, preferably as a single night-time dose. Treatment should be continued until the patient has been completely symptom free for 4-6 months. **Contraindications:** Hypersensitivity to mirtazapine or any ingredients of Zispin. **Precautions and warnings:** Reversible white blood cell disorders including agranulocytosis, leukopenia and granulocytopenia have been reported as a rare occurrence with Zispin. The physician should be alert to symptoms such as fever, sore throat, stomatitis or other signs of infection; if these occur, treatment should be stopped and blood counts taken. Patients should also be advised of the importance of these symptoms. Careful dosing as well as regular and close monitoring is necessary in patients with: epilepsy and organic brain syndrome (See SPC); hepatic or renal insufficiency; cardiac diseases; low blood pressure; diabetes mellitus (Insulin and/or oral hypoglycaemic dosage may need to beadjusted.) As with other antidepressants care should be taken in patients with: micturition disturbances like prostate hypertrophy; acute narrow-angle glaucoma and increased intra-ocular pressure. Treatment should be discontinued if jaundice occurs. Moreover, as with other antidepressants, the following should be taken into account. worsening of psychotic symptoms can occur when antidepressants are administered to patients with schizophrenia or other psychotic disturbances; when the depressive phase of manic-depressive psychosis is being treated, it can transform into the manic phase. As for all therapies for depression, risk of suicide may increase in the first few weeks of treatment. Zispin has sedative properties and may impair concentration and alertness. **Interactions:** Alcohol, benzodiazepines; strong CYP3A4 inhibitors, such as the HIV protease inhibitors, azole antifungals, erythromycin and nefazodone, ketoconazole, carbamazepine, phenytoin, cimetidine. Mirtazapine caused a small but clinically insignificant increase in INR in subjects treated with warfarin. **Pregnancy & Lactation:** Safety in human pregnancy has not been established. Use during pregnancy not recommended. Women of child bearing potential should employ an adequate method of contraception. Use in nursing mothers not recommended. **Adverse reactions:** The following adverse effects have been reported. Common (>1/100): Increase in appetite and weight gain. Generalised or local oedema. Drowsiness/ sedation/fatigue, generally occurring during the first few weeks of treatment. (N.B. dose reduction generally does not lead to less sedation but can jeopardize antidepressant efficacy). Uncommon (>1/1000): Dizziness, headache. 0Increases in liver enzyme levels. Rare (>1/10,000): Reversible agranulocytosis. (Orthostatic) hypotension. Exanthema. Mania, convulsions, tremor, myoclonus, agitation, hallucinations, paraesthesia, nightmares/vivid dreams, restless legs and arthralgia/myalgia, rash. **Overdosage:** Prest experience with Zispin alone indicates that symptoms are usu mild. Depression of the CNS with disorientation and prolong sedation together with tachycardia and mild hyper- or hypotens have been reported. Treat by gastric lavage with appropri symptomatic and supportive therapy for vital functions.

Legal Category: POM
Product Licence Numbers:
Zispin SolTab 15mg orodispersible tablet PL 0065/0180
Basic NHS cost £4.13 for 6 tablets, £20.63 for 30 tablets
Zispin SolTab 30mg orodispersible tablet PL 0065/0181.
Basic NHS Cost £20.63 for 30 tablets
Zispin SolTab 45mg orodispersible tablet PL 0065/0182
Basic NHS Cost £20.63 for 30 tablets
Zispin 30mg tablet PL0065/0145
Basic NHS Cost £22.92 for 28 tablets

Further information is available from: Organon Laboratories Limited, Cambridge Science Park, Milton Road, Cambridge, CB4 0FL Telephone: 01223 432700. March 2004. ORG 0432

Organon

ZISPIN® SolTa
mirtazapine orodispersible tablet

NEW DELIVERY, TRUSTED EFFICA

Mary Allen describes a case of drug-induced hypokalaemia

Potassium problem

THE COLLEGE OF PHARMACY PRACTICE

This course (module 1297), in association with multiple choice questions being published in C&D April 3, provides one hour's continuing education

- To revise the causes of hypokalaemia
- To be aware of which diuretics might be to blame
- To be aware which respiratory drugs might be responsible
- To know which diuretics reduce the likelihood of hypokalaemia
- To be able to identify the symptoms of hypokalaemia

ily Parsons is a small, 76-year-old oman with hypertension, with me degree of breathing disorder id obvious signs of osteoporosis urvature of the spine, ditionally known as the lowager's hump").

Over the last few years her peat medicines have remained gely unchanged, and her edical problems seem reasonably ell managed. However, things ve recently changed and Mrs rsons seems much more frail. e no longer visits your armacy in person and her ughter collects her prescription.

oday's prescription

oday her daughter, Carol, visits ur pharmacy with a prescription :

Spironolactone 25mg daily
lmeterol inhaler 25mcg two puffs bd
ratropium inhaler 20mcg use as directed

As she hands you the scription she tells you that the st two items are new for her ther. Carol wants to talk to you ut them to be sure her mother ho isn't very well at the ment – uses them correctly. Carol tells you that the GP took lood test a couple of days ago l this showed "some sort of blem with mum's potassium ng too low, whatever that ans...". Carol went on to say understood that this was nething to do with the "water lets" her mother had been ing, which had been increased a nth ago because her legs were llen. From what the GP had said, the new tablets today (spironolactone) were to help sort out the potassium – was that right? Because Mrs Parsons' legs remained swollen, her GP wished her to continue on the furosemide (frusemide) for a while yet.

On top of this, Mrs Parsons had been "using her blue (salbutamol) inhaler an awful lot", and the doctor had prescribed a new type. Could she continue to use her blue inhaler as well as the new one?

What's wrong here?

We do not know the cause of Mrs Parsons' "swollen legs" but, given her medication history (and her breathlessness), she may now have some degree of heart failure. If she has simple gravitational oedema this would be better treated with support stockings and by increased movement and elevation of the legs. Her amlodipine could have caused her "swollen legs" but, since she has been taking this for some time, this is unlikely.

Firstly, the introduction of 40mg furosemide daily, increased to 80mg daily, may well have caused potassium loss. You note from the patient medication record that it was first prescribed five weeks ago, with the dose increase one week ago.

From the PMR:

Mrs Parsons' patient medication record shows the following medicines:

- Alendronic acid tabs 70mg one weekly
- Furosemide 40mg od, recently increased to bd
- Salbutamol CFC-free inhalers X 2 two puffs qds
- Ipratropium inhalers mdu
- Cinnarizine 15mg tds
- Lactulose 500ml
- Doxazosin tabs 4mg od
- Betahistine 8mg one to two tds
- Amlodipine tabs 5mg
- Calcichew D3 Forte od
- Thyroxine tabs 100mg om
- Beclometasone inhaler 200mcg two puffs bd

All the above items had been prescribed within the last month, except the beclometasone inhaler, which was last dispensed nearly six months ago.

AstraZeneca

There have been sudden changes in a patient's health and the frequency of repeat prescriptions – in what way are the two linked?

Continued on page 26 ▶

Loop diuretics

Furosemide is a loop diuretic, which acts by inhibiting reabsorption from the ascending limb of the loop of Henle in the renal tubule. It is a powerful diuretic. The *BNF* warns that its use may cause hypokalaemia.

Loop diuretics are used in pulmonary oedema due to left ventricular failure and in patients with chronic heart failure, and sometimes to lower blood pressure, especially in hypertension which is resistant to thiazide therapy.

When taken orally, furosemide acts within one hour. Like bumetanide, another loop diuretic, its action is short and diuresis is complete within six hours. This means that, unlike the thiazide diuretics such as bendroflumethiazide (bendrofluazide), which have a long duration of action (12–24 hours), furosemide can be given twice daily if necessary without diuresis interfering with sleep. Mrs Parsons should be taking her tablets at breakfast time and midday. The diuresis associated with these drugs is dose-related.

Dilemma in the elderly

Elderly patients are more susceptible to side-effects, so should start on lower doses, with adjustment according to renal function.

Potassium loss

Both thiazide and loop diuretics can cause potassium loss, leading to hypokalaemia (low serum potassium). The risk of this depends on the duration of action as well as the potency of the diuretic. Because of the longer duration of action of thiazides, the risk is greater with this group of drugs where doses are equipotent. However, Mrs Parsons' increased dose of furosemide may have put her at risk, particularly as she is elderly.

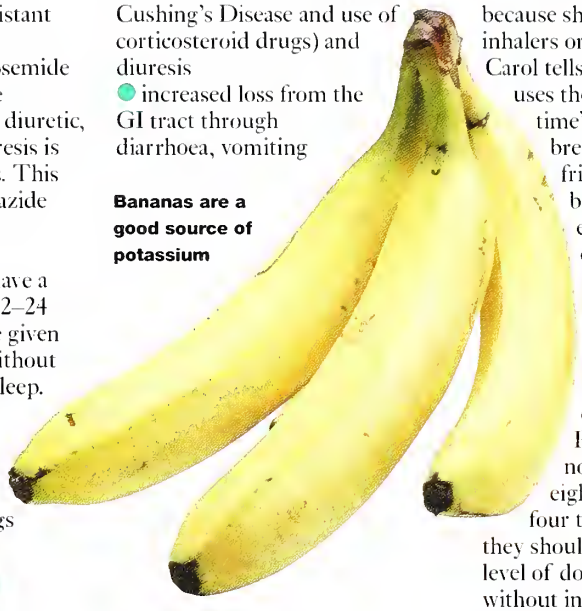
Diuretic-induced hypokalaemia is dose-related and, where it occurs, it usually does so within the first week of treatment, reaching its lowest level within the first month of treatment and stabilising thereafter.

The newly prescribed spironolactone, acting as a potassium-sparing diuretic, will help to prevent or reduce the potassium loss that Mrs Parsons is experiencing.

Other contributory factors

Furosemide causes a risk of hypokalaemia by inhibiting re-absorption of potassium in the renal tubule. However, other factors may contribute to hypokalaemia. Low serum potassium may result from:

- poor dietary intake (this is rare unless appetite is very poor)
- increased loss via the kidneys, for example in some phases of renal failure, mineralocorticoid excess (as in aldosteronism and Cushing's Disease and use of corticosteroid drugs) and diuresis
- increased loss from the GI tract through diarrhoea, vomiting or purgative abuse
- loss from fistulae and through excessive sweating
- increased uptake by cells through rapid cellular proliferation, insulin use, alkalosis or through the use of beta-agonists.



Bananas are a good source of potassium

Mrs Parsons has been using salbutamol inhalers for some time, and today she has been prescribed a salmeterol inhaler. Carol, her daughter, tells you the doctor is concerned that Mrs Parsons has been using her salbutamol inhaler too much, and her "preventer" inhaler not enough. He now wants her to use the new inhaler (which has similar, but more sustained, effects as the salbutamol inhaler) regularly twice a day.

CSM warning

Salbutamol and salmeterol are both beta-agonists. The Committee on Safety of Medicines has issued a warning about the use of beta$_2$-agonists, advising that potentially serious hypokalaemia may result. The CSM warning (which appears in the *BNF*), says that particular caution is required in severe asthma, because this effect may be potentiated by concomitant treatment with theophylline and its derivatives, corticosteroids, diuretics and by hypoxia.

Could it be salbutamol?

When you look again at Mrs Parsons' patient medication record you note that her salbutamol inhaler prescriptions have been very frequent in the last few months – in fact she has been receiving two inhalers approximately every two weeks. You ask Carol whether her mother is obtaining frequent prescriptions because she is using so many inhalers or if she is stock-piling. Carol tells you that her mother uses the blue inhalers "all the time", that she is very breathless and that she gets frightened about not being able to breathe, especially with her osteoporosis – her bent spine means that she finds it hard to breathe properly.

A metered-dose salbutamol inhaler contains 200 doses. Patients should not normally take more than eight doses daily (two puffs four times a day) although they should not normally use this level of dosage for long periods without intervention. At eight doses daily an inhaler should last nearly a month, yet Mrs Parsons is currently using one per week.

Although normal usage of salbutamol (and terbutaline) inhalers in healthy patients should not affect potassium levels to a great extent, Mrs Parsons has clearly been over-using her inhaler. This, plus her recently prescribed furosemide has probably pushed her levels of potassium levels below normal.

Asthma or COPD?

It is likely, although we don't know for sure, that Mrs Parsons suffers with chronic obstructive pulmonary disease (COPD), or emphysema, as she has been prescribed ipratropium inhalers. Antimuscarinic bronchodilators such as ipratropium are thought to be more effective in relieving bronchoconstriction associated with COPD than in relieving asthma.

COPD may be helped by an inhaled short-acting beta$_2$-agonist such as salbutamol or terbutaline used as required. Patients suffering with more severe airways obstruction benefit from a

Continued on page 28 ▶

regular inhaled antimuscarinic bronchodilator like ipratropium or an inhaled long-acting beta$_2$-agonist such as salmeterol

You note that Mrs Parsons has not presented a beclometasone prescription for over six months, although the last dispensing was for a few months' supply.

Although many COPD patients are treated with an inhaled corticosteroid, long-term studies have shown no reduction in the decline in lung function in patients taking regular inhaled corticosteroids. A limited trial of high-dose inhaled corticosteroid (or an oral corticosteroid) can be undertaken for patients with moderate airflow obstruction to determine the extent of the airway reversibility and to eliminate asthma as a cause.

The effects of ipratropium administered by inhalation reach a peak 30–60 minutes after use. The duration of action is three to six hours and bronchodilation can usually be maintained with treatment three times a day.

Actionplan

1. Review the classes of diuretics, noting their uses, mode of action, onset of action, duration, benefits and disadvantages (*see also C&D Pharmacy Update, March 8, 2003, p23–26, and April 5, 2003, p17–20*).

2. Consider if Mrs Parsons could be suffering from pulmonary oedema as well as her other problems. What would be the signs and symptoms?

3. Review your PMRs and try to find patients who have more than one salbutamol inhaler every 25 days (eight puffs per day of a 200 dose inhaler). Discuss this with them when appropriate.

4. Using your PMRs identify, say, 20 regular patients using inhaled corticosteroids for asthma. Record in your practice workbook each time they collect an inhaler. In a few months review these records and check if any appear to be underusing. Discuss this with them next time they collect their medication.

5. A few years ago enteric-coated slow release potassium was widely prescribed. Why are prescriptions for potassium rare now?

6. In your practice workbook record the number of times you supply an inhaled medication. Note the number of times you check/explain their use. Do you give such advice often enough?

7. Spironolactone was selected in this case. What alternative diuretics could the prescriber have used?

Clinical features

Normal serum levels of potassium are in the range 3.5–5mEq per litre. The clinical features of potassium depletion depend on the extent of depletion. When levels fall to between 3 and 3.5mEq per litre, patients are often asymptomatic – although they may complain of weakness, malaise, fatigue and muscle pain.

Potassium loss can cause depression and confusion. It may cause elevated blood pressure. It also affects the myocardial cells and can lead to arrhythmias. Hypokalaemia produces ECG changes, with a prolonged refractory period. Patients taking digoxin (which Mrs Parsons isn't) are at risk of increased digoxin toxicity.

At levels of serum potassium less than 2.5–3mEq muscle weakness, cramps, general malaise, fatigue, restless leg syndrome and parasthesia may occur. Below this level it can cause muscle damage. Metabolic changes can occur, including decreased insulin secretion and metabolic alkalosis.

Chronic potassium depletion can affect renal function.

What to give

Firstly, you can explain to Carol that the "water tablets" have probably been responsible for her mother's potassium imbalance, and that the added spironolactone tablets should help to correct this.

Secondly, you should tell Carol that the new green (salmeterol) inhaler should be used **regularly** twice a day, that it helps to keep the airways open and that it has a long action. Correct use of the new green inhaler, together with the grey (ipratropium) inhaler should help to improve Mrs Parsons' breathing problems.

Thirdly, Carol's mother's overuse of the blue inhaler has probably contributed to her potassium imbalance. Although the drug works mostly locally in the lungs, some of the drug is absorbed, and when considerable amounts are absorbed it can affect potassium levels as well as causing other problems.

Lastly, Mrs Parsons can help herself by eating fruit which contains potassium. Bananas and tomatoes are a good source.

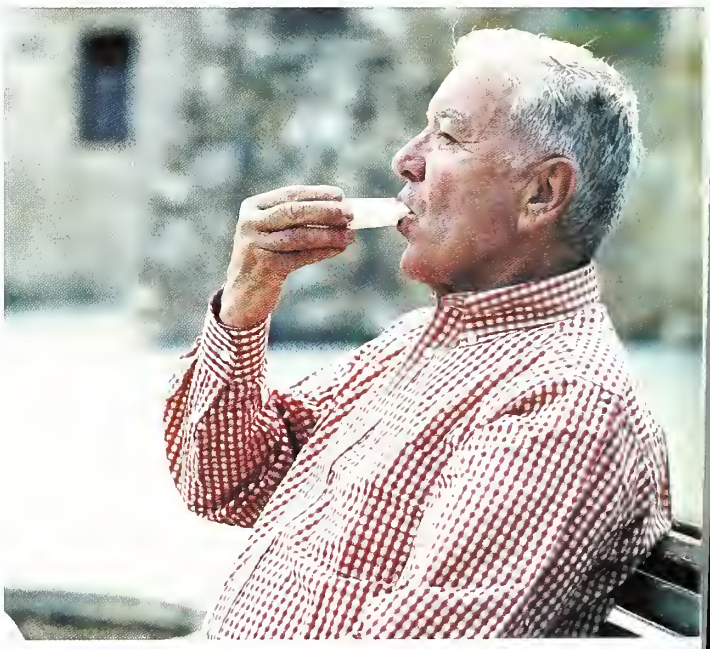
Could you have done better?

The frequency of Mrs Parsons' salbutamol prescriptions could perhaps have been identified earlier. Although some GP prescribing software programs flag up high frequency of repeat prescribing, not all do. Mrs Parsons has lots of regularly prescribed medicines and it is easy to overlook the frequency of her inhaler prescriptions, amidst everything else.

At recommended inhaled doses the duration of action of short-acting beta$_2$-agonists such as salbutamol, terbutaline and fenoterol is about three to five hours. The *BNF* advises that the dose, the frequency and the maximum number of inhalations in 24 hours of the beta$_2$-agonist should be stated explicitly to the patient, and that high doses of beta$_2$-agonists can be dangerous in some patients. Mrs Parsons' salbutamol inhalers had been labelled "two puffs four times a day when required" but she had clearly been using more than this.

When patients first start on inhalers, there is a lot to discuss when checking they understand the correct use. It is all too easy to overlook telling the patient about the dangers of overuse, which in any case may occur insidiously. Challenging frequent prescriptions is a must; whether this is indicative of uncontrolled disease or whether it is a potential risk of hypokalaemia.

Mary Allen, FRPharmS, is a part-time community pharmacist and hospice pharmacist in Herts.



Patients should be reminded how often they can take their relief inhalers

Distance learning for pharmacists

Pharmacists using **Pharmacy Update** for continuing education are reminded of the need to test. With the support of Genus Pharmaceuticals, C&D's readers can self-test their progress by using the multiple choice question (MCQ) format. The MCQs will be inserted in the April 3 issue, which will cover this week's CPP-accredited module, together with those in the March 6 and 27 issues. These will cover:

- **Post-myocardial infarction (1296)**
- **Hypokalaemia (1297)**
- **Cystic fibrosis (1298).**

A telephone marking service offers independent verification of results – details on the monthly MCQ papers. People wanting to register for Pharmacy Update can contact Mary Prebble on 01732 377269.

HRT lowers colorectal cancer risk

inally there is some positive research for women n hormone replacement therapy – they have a ecreased risk of developing colorectal cancer, 'S researchers have said.

Women who took oestrogen and progesterone as hort-term HRT had an almost 50 per cent lower hance of developing colorectal cancer than women ho took a placebo, the study found.

Colorectal cancer was identified in 43 women who ook HRT in the trial, compared to 72 women who ook placebo. However, the women in the HRT hort who developed colorectal cancer were iagnosed at a later stage to those in the placebo roup, and had more cases of metastatic cancer. In ddition, during the course of the study, nine women rom the HRT group died due to colorectal cancer ompared to eight in the placebo group.

The paper's authors suggest that women taking IRT should be offered routine bowel screening espite their reduced risk because of the more dvanced cancers seen in the hormone group. They onclude that hormone use delays the diagnosis of olorectal and breast cancer in postmenopausal omen and these risks should be carefully onsidered before a woman takes HRT.

The researchers claim their data confirms the esults of observational studies that claimed a educed incidence of colorectal cancer in women taking HRT. The women had taken part in the Women's Health Initiative trial, data from which hit the headlines last year with the associated increased risk of breast cancer in women taking HRT.

The authors suggest that women taking HRT should be offered routine bowel screening

For more information:

N Engl J Med 2004; 350 :991-1004

Statins lower stroke risk too

tatins can lower the risk of troke in high-risk patients as well s their cholesterol levels, claim Oxford researchers.

Patients who received mvastatin 40mg daily were 5 per cent less likely to suffer a troke when compared to placebo. The cohort was divided into 3,280 atients with cerebrovascular isease and 17,256 with other rterial diseases or diabetes. The erebrovascular patients did not xperience any reduction in stroke incidence with simvastatin, but they did experience fewer major non-stroke vascular events.

Simvastatin's effect on stroke reduction was not significant by the end of the first 12 months, but had reached significance before 24 months. A reduction in ischaemic stroke only was found, with no reduction identified for haemorrhagic stroke.

One of the paper's authors, Rory Collins, said: "This study shows that statin therapy rapidly reduces the incidence not only of heart attacks but also of ischaemic strokes, with no adverse effect on haemorrhagic strokes, even among individuals who do not have high cholesterol concentrations ... National and international treatment guidelines should now be revised so that stroke risk reductions are taken into account when the initiation of statin therapy is being considered."

For more information:

The Lancet 2004; 363: 757-67

SSRI gastric bleeding risk

atients at risk of gastric bleeding hould avoid SSRIs, the *Drug and Therapeutics Bulletin* has claimed.

Patients with a history of upper astrointestinal bleeding, those sing aspirin or other NSAIDs or hose over 80 should avoid taking SRIs, or use with caution, as hese patient groups are at an ncreased risk of gastrointestinal leeding, the review claimed.

The risk associated with SSRI se was three times that of those ot taking the drugs, the *DTB* said. Non-selective antidepressants, such as amitryptyline and imipramine among others, can also increase the risk of gastric bleeding, but to a lesser extent.

DTB editor Professor Joe Collier said: "While the overall risk of gastrointestinal bleeding due to use of SSRIs is small, this risk is significantly increased amongst older patients or those with a history of gastrointestinal bleeding. It's also heightened in those taking aspririn or NSAIDs."

For more information:

DTB 2004; 42: 17

Vaccine for holiday runs

A drug to prevent a dodgy tummy may be added to the list of holiday vaccinations in the near future, thanks to a London hospital.

An oral vaccine to protect travellers against enterotoxigenic *E coli* (ETEC) has been developed by Microscience, a biotech spinoff from St George's Vaccine Institute in London.

The vaccine is *Salmonella* bacteria modified to carry an ETEC antigen that generates a strong immune response. After one dose, half the volunteers showed high immune response levels against an ETEC protective antigen. After a second dose, the rate went up to 70 per cent.

The vaccine is only in phase II trials, but the researchers are hopeful of its future. Clinical investigator Dr David Lewis said: "The results of this first study with *spi*-VEC are exciting and these are the best results achieved to date in humans using this type of oral delivery system."

For more information:

www.microscience.com

Scriptlines

Bondronat launch

Roche has launched oral and IV formulations of Bondronat (ibandronic acid), its treatment for metastatic bone disease in women with advanced breast cancer.

Bondronat is available in 6mg per 6ml concentrate for solution for infusion, in addition to the 2mg per 2ml vial already available, and 50mg x 28 tablets. The recommended dose is one 50mg tablet daily.

The tablet should be taken after an overnight fast of six hours and at least 30 minutes before food or drink. Mineral supplements, particularly calcium, should not be taken at the same time as Bondronat. The tablet should be swallowed whole with a 200ml glass of plain water, not mineral water, and the patient should not lie down for one hour after taking Bondronat.

For more information:

http://emc.medicines.org.uk
See *Price List* supplement
Roche, Tel: 01707 366000

Generic amlodipine

IVAX has launched generic amlodipine maleate 5mg and 10mg tablets.

Amlodipine maleate is clinically equivalent to the besilate salt, but should only be dispensed if the prescription reads 'amlodipine', PSNC has advised.

Payment will be based on the *Drug Tariff Part VIII* price for amlodipine besilate for prescriptions for 'amlodipine', and based on the Istin price for 'amlodipine besilate' prescriptions, PSNC advised.

For more information:

See p27

Managing GORD

This week sees the first over the counter proton pump inhibitor launched. Fawz Farhan puts the spotlight on the new gastro-oesophageal reflux disease guidelines

The first over the counter proton pump inhibitor will see renewed interest in the management of heartburn and gastro-oesophageal reflux disease (GORD) in community pharmacy.

A fresh approach evaluating the pharmacist's role has been taken by the British Gastroenterological Forum (BGF), which is about to publish the *UK Consensus Recommendations for the Management of GORD*. These recommendations were formulated by a multi-professional panel – which included two community pharmacists – and particularly focused on the issues affecting the management of GORD and heartburn through community pharmacy.

The recommendations of the BGF reinforce the earlier findings of the American Gastroenterological Association (AGA), which were published in 2002.

Management

It is now recognised that pharmacists can manage classic, episodic symptoms of GORD (heartburn and regurgitation) effectively in primary care. Pharmacists are also in a position to give advice on lifestyle issues such as stress, unhealthy lifestyle and diet when dealing with patients with heartburn.

However, what came out of the British Gastroenterological Forum was that pharmacists wanted clear guidelines to help them understand the nature of GORD and its management. As a result the group drew up an algorithm and a pharmacy-setting Q&A to specifically address these.

Another issue was that pharmacists were uncertain about the diagnosis of GORD. A clear definition and straightforward criteria for the diagnosis of uncomplicated GORD was needed to enable pharmacists to recommend appropriate treatment with confidence and refer where necessary.

Chronic GORD

Many pharmacists are also concerned over the management of long-term GORD, particularly in relation to Barrett's oesophagus and cancer. However, the BGF believes pharmacists should be able to manage chronic cases without the need for a GP referral if: the patient's symptoms are adequately controlled with OTC treatment; as long as there are no changes in symptoms and there are no alarming symptoms such as dysphagia, bleeding and weight loss.

Pali Hungin, professor of primary care at Durham University and BGF panel member, says the shift of GORD management from GP to pharmacist is based on the premise that gastroenterology is unnecessary in the vast majority of patients. "It is felt the chances of a serious lesion in a patient without alarm symptoms are sufficiently low across all age groups. Treatment without investigation is heading towards being the norm in the absence of worrying factors."

However, if pharmacists are to manage GORD patients long term, there need to be appropriate regulatory measures in place. Support from GPs and gastroenterologists was also crucial. In addition, current advice (in package inserts) to limit the duration of OTC use of H_2 antagonists should be revised. This may require some change in the regulatory framework to allow the community pharmacist a greater role in managing patients of this sort.

Treatment

As far as treatment is concerned OTC therapy with antacids, antacid/alginate combinations, H_2 antagonists or antacid/ H_2 antagonist combinations can all be used to manage the symptoms of GORD successfully. The BGF group, however, recognised that most patients presenting at pharmacies are likely to be seeking quick relief. The combination antacid/H_2 antagonist treatment was recognised as providing both rapid and sustained symptom relief and was therefore better at symptom relief than its constituent components used alone.

Professor Hungin says H_2 antagonists, through their ability to suppress acid production, have a more sustained action and can produce relief for several hours or more but they still have a slow onset of action. "Low-dose H_2 antagonists have been available for some years but new formulations combining antacids and an H_2 receptor blocker now offer the tantalising prospect of immediate and more sustained relief than use of the single products alone."

According to Professor Hungin, combination treatment may also have the advantage of not producing sufficiently profound acid suppression so as to mask any underlying serious lesions for a significantly long period.

Proton pump inhibitors (PPIs) on the other hand may not be suitable for those wanting instant relief as some drugs in this class only reach maximum efficacy at three to four days. Intermittent PPI use is therefore not optimally suited to episodic, acute GORD symptoms.

Issues for pharmacists

- Pharmacists in primary care can usually advise effectively on the management of classic, episodic symptoms of GORD (heartburn and regurgitation).
- Pharmacists may wish to give advice on issues such as stress, unhealthy lifestyle and diet when dealing with patients with heartburn.
- In many patients, reflux symptoms can be successfully and safely managed with OTC therapy consisting of antacids, antacid/alginate, H_2 antagonists or antacid/H_2-antagonist combination
- The combination antacid/H_2-antagonist provides both rapid and sustained symptom relief and is therefore better at symptom relief than its constituent components used alone.
- For more information, copies of the British Gastroenterological Forum guidelines can be obtained by contacting 020 7978 4115
- Copies of the AGA report can be downloaded from the American Gastroenterological Association website (*www.gastro.org*)

Getting bigger every day

NEW LARGER SIZE

Voltarol Emulgel P has added over £1m to the category and packs the muscle to grow your business.

- **NEW** – Available in 50g, just what your heavier users want.
- **NEW** – Indicated for the relief of pain in mild arthritis.
- The only topical treatment to contain Diclofenac – the world's most widely prescribed anti-inflammatory analgesic.
- Unique 'Emulgel' formulation allows deep penetration to the point of pain.

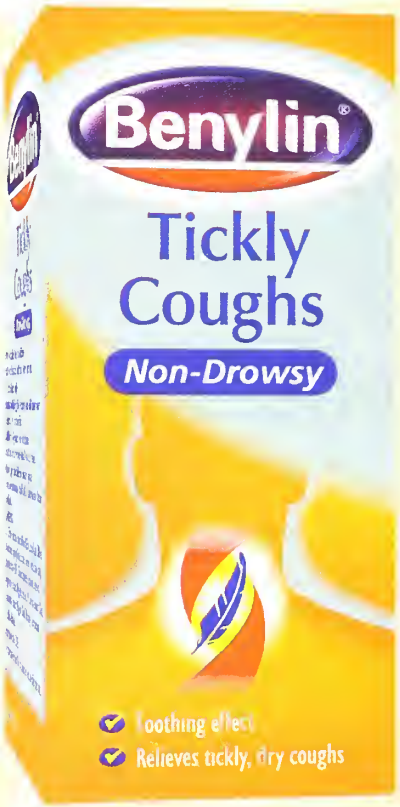
Make it your first choice – more and more customers do.

)LTAROL EMULGEL® P Prescribing Information Presentation: Gel containing 1.16% diclofenac diethylammonium (equivalent to 1% diclofenac sodium) for topical administration. **Indications:** Local mptomatic relief of pain and inflammation in trauma of the tendons, ligaments, muscles and joints e.g. due to sprains, strains and bruises, and localised forms of soft tissue rheumatism. Relief of in in mild arthritis. **Dosage and administration:** Adults and elderly: 2 – 4g rubbed gently into affected area 3 – 4 times a day. Treatment should be limited to 7 days. Do not use on children under years of age. **Contraindications:** Susceptibility to attacks of asthma, urticaria or acute rhinitis precipitated by aspirin/NSAIDs. Hypersensitivity to diclofenac, any other gel ingredient, aspirin/NSAIDs. **e in pregnancy or lactation:** Not recommended. **Precautions:** Apply only to intact skin. Avoid contact with eyes, mucous membranes, diseased skin, skin wounds or open injuries. Not for use with clusive dressings. Caution if current or previous history of bronchial asthma or peptic ulcers. **Side Effects:** Local irritation, erythema, pruritis, dermatitis. Rarely photosensitivity, hypersensitivity, thma. **Interactions:** None reported with Voltarol Emulgel P; interactions have been observed with oral forms of diclofenac or other NSAIDs. **Legal category:** P **Trade Price and Suggested Retail Price: g:** £2.94, £4.79. 50g: £4.28, £6.99 **PL No:** PL 0030/0174 PL Holder: Novartis Consumer Health, Wimblehurst Road, Horsham, West Sussex, RH12 5AB. **Date of preparation:** 23 February 2004.

Coughing isn't a

Britain's No. 1 selling cough medicine range[1] now treats tickly coughs too. Nothing

Consumer research from NOP, commissioned by Benylin®, the UK's best selling cough range[1] shows that 62 per cent of the population is irritated by others coughing near them and 68 per cent of people feel embarrassed having a coughing fit in public[2]. Benylin's latest family member is specially formulated for the treatment of an irritating tickly cough



Benylin Tickly Cough contains Glycerol & Liquid sugar

Recognising the need for a variant that treats the irritating coughs that tickle the back of the throat, Benylin has added Tickly Coughs Non Drowsy (contains Glycerol and liquid sugar) and Children's Tickly Coughs (contains Glycerol) to its comprehensive range of products.

The Benylin survey also revealed that 41 per cent of people suffering from a cough will seek the advice of their pharmacist first – that is more than will ask their GP, surf the net or even ask the advice of friends and family combined[2] – and pharmacists will now be able to offer a suitable Benylin treatment for patients suffering from a mild, irritating cough.

The pharmacist is ideally placed to guide the customer through the treatment choices and recommend the most appropriate product.

The cough and cold cycle

At the onset of a cough we may feel a bit tired or run down and the typical cough at this early stage will be dry and tickly. In some instances sufferers may also experience a sore throat. Benylin's Tickly Coughs formulation is designed to provide relief to sufferers at the early stage of the cough cycle to help soothe and ease the irritation.

Children experience more coughs and colds than adults because their immune system is less developed. Medicines such as Benylin Children's Tickly Coughs, an apple flavoured syrup containing Glycerol, provide relief from irritating tickly coughs, helping to stop the spread of germs through coughing.

Benylin Cough and Congestion
Presentation: Syrup containing 14 mg Diphenhydramine hydrochloride, 6.5 mg Dextromethorphan hydrobromide, 22.5 mg Pseudoephedrine hydrochloride and 1.75 mg Laevomenthol per 5 ml. **Uses:** relief of cough and its congestive symptoms, particularly suitable for coughs associated with colds. **Dosage:** Adults: 10 ml four times daily; children aged 6 - 12 years: 5 ml four times daily. Not recommended for children under 6 years. **Contra-indications:** Known hypersensitivity. Not for use by patients who are taking, or have taken MAOIs within the preceding two weeks. **Precautions:** Caution in cardiovascular disease, hepatic dysfunction, hyperthyroidism and prostate enlargement. May cause drowsiness, if affected do not drive or operate machinery. Avoid alcohol. Caution during pregnancy. **Side and adverse effects:** Occasionally drowsiness, dizziness and gastro-intestinal disturbance may occur. **Price (ex-VAT):** 125 ml £xx.xx **Legal category:** P. **Product licence holder:** Pfizer Consumer Healthcare, Chestnut Avenue, Eastleigh, SO53 3ZO. **Product licence number:** 15513/0061. **Date of preparation:** July 2002.
Benylin Chesty Coughs (Original)
Presentation: Syrup containing 14 mg Diphenhydramine hydrochloride and 2 mg Laevomenthol per 5 ml. **Uses:** relief of cough and associated congestive symptoms. **Dosage:** Adults and children over 12 years: 10 ml four times daily; children aged 6 - 12 years: 5 ml four times daily; children under 6 years: not recommended. **Contra-indications:** Known hypersensitivity, chronic or persistent cough e.g. asthma or where cough is accompanied by excessive secretions. With or within two weeks of receiving monoamine oxidase inhibitors **Precautions:** May cause drowsiness, if affected do not drive or operate machinery. Use with caution in moderate to severe renal or hepatic impairment. Do not use in glaucoma or prostate disease. Avoid alcohol and potentially sedating medicines Caution during pregnancy. **Side and adverse effects:** Occasionally drowsiness, dizziness, gastrointestinal disturbance, dry mouth, nose and throat, difficulty in urination or blurred vision may occur. **Price (ex-VAT):** 125 ml £xx.xx, 300 ml £xx.xx. **Legal category:** P. **PL Holder:** Pfizer Consumer Healthcare, Chestnut Avenue, Eastleigh, SO53 3ZO. **PL Number:** 15513/0048. **Date of preparation:** July 2002.
Benylin Chesty Coughs (Non-Drowsy)
Presentation: Syrup containing 100 mg Guaifenesin and 1.1 mg Laevomenthol per 5 ml. **Uses:** symptomatic relief of productive cough. **Dosage:** Adults: 10 ml four times daily; children aged 6 - 12 years: 5 ml four times daily; children under 6 years not recommended. **Contra-indications:** Known hypersensitivity. **Precautions:** Do not use in persistent or chronic cough, such as occurs with asthma, or where cough is accompanied by excessive secretions; caution in severe renal or hepatic impairment and during pregnancy. **Price (ex-VAT):** 125ml £3.49 300ml £6.99 **Legal category:** GSL. **PL Holder:** Pfizer Consumer Healthcare, Chestnut Avenue, Eastleigh, SO53 3ZO **PL Number:** 15513/0056. **Date of preparation:** July 2002
Benylin Dry Coughs (Original)
Presentation: Syrup containing 14 mg Diphenhydramine hydrochloride, 6.5 mg Dextromethorphan hydrobromide and 2 mg Laevomenthol per 5 ml. **Uses:** treatment of persistent, dry, irritating cough. **Dosage:** Adults: 10 ml four times daily; children aged 6 - 12: 5 ml four times daily; children under 6 years: not recommended. **Contra-indications:** Known hypersensitivity. Not for use by patients who are taking, or who have taken MAOIs within the preceding two weeks. Not for use by patients at risk of respiratory failure. **Precautions:** May cause drowsiness, if affected do not drive or operate machinery. Caution in severe renal or hepatic impairment. Do not use with glaucoma or prostate disease. Avoid alcohol and potentially sedating medicines. Caution during pregnancy. **Side and adverse effects:** Occasionally drowsiness, dizziness, gastrointestinal disturbance, dry mouth, nose and throat, difficulty in urination, blurred vision, nausea or vomiting may occur. **Price (ex-VAT):** 125 ml £xx.xx. **Legal category**: P. **PL Holder:** Pfizer Consumer Healthcare, Chestnut Avenue. Eastleigh, SO53 3ZO. **PL Number**: 15513/0053. **Date of preparation:** July 2002.
Benylin Dry Coughs (Non-Drowsy)
Presentation: Syrup containing 7.5 mg dextromethorphan hydrobromide in each 5 ml. **Uses:** relief of persistent, dry, irritating cough. **Dosage:** Adults: 10 ml four times daily; children aged 6 - 12 years: 5 ml four times daily; not recommended for children under 6 years. **Contra-indications:** Known hypersensitivity. Not for use by patients who are taking, or who have taken MAOIs within the preceding two weeks. Not for use by patients at risk of developing, respiratory failure. **Precautions:** Not for use in patients with chronic or persistent cough, such as occurs with asthma or where cough is accompanied by excessive secretions. Caution in hepatic impairment and during pregnancy or lactation. **Side and adverse effects:** Occasionally dizziness, nausea, vomiting or gastro-intestinal disturbance may occur. **Price (ex-VAT):** 125 ml £xx.xx **Legal category:** P. **Product licence holder:** Pfizer Consumer Healthcare, Chestnut Avenue, Eastleigh, SO53 3ZO. **Product licence number:** 15513/0051. **Date of**

aughing matter

re effective WITHOUT prescription

The Common Cold Centre estimates that in a lifetime of 75 years we suffer from over 200 episodes of common cold. If each cold lasts for about 5-7 days, that means we spend around three years of our life coughing and sneezing with colds[3]

Benylin Children's Tickly Cough contains Glycerol

inding the Right Treatment

The main types of cough are:

- Chesty cough that should be treated with an expectorant to loosen the phlegm
- Dry/hacking cough, requiring a cough suppressant
- Dry/tickly cough that can be soothed with a linctus

Benylin caters for every type of cough through its comprehensive range and nothing is more effective without prescription.

Benylin® Symptom Sorter

Type of Cough	Suggested Remedy
Wet cough, phlegm, nasal congestion	A product that eases irritation coused by coughs and works to reduce nasal and sinus congestion **Benylin Cough & Congestion**
Wet cough, phlegm, without nasal congestion	Cough syrup that loosens phlegm, making the cough more productive **Benylin Chesty Coughs** (Original or Non –Drowsy)
Dry or hacking cough	Cough syrup that soothes and eases irritation. **Benylin Dry Coughs** comes in either an Original or a Non-Drowsy formulation
Irritating tickly cough	A product that tackles minor tickly coughs and sore throat. **New Benylin Tickly Coughs**
Brooder cold-like symptoms i.e. runny/blocked nose, blocked sinuses and headache	Cold-specific remedy which helps to clear the head and nose while relieving body aches and pains and reducing temperature. **Benylin Day & Night Tablets** or **Benylin 4 Flu**
Poinful, inflomed sore throat	Antibacteriol lozenges with an anaesthetic action **Benylin Sore Throat Lozenges**

For further information about Benylin, the UK's number one selling cough medicine range please talk to your Pfizer Consumer Healthcare sales representative . To purchase Benylin please visit **www.comedis.com**

The Benylin Flu Advisory Network

For the last five years, the Benylin Flu Advisory Network (FAN) has been keeping track of the incidence of cough, cold and flu across the UK to facilitate stock management ensuring pharmacists can meet consumer need. With an 83 per cent accuracy rate FAN data has proved an invaluable resource for pharmacies across the UK in recent years. To receive free weekly forecasts for your area log on to the recently updated ***www.coughandcoldadvice.com***

eparation: July 2002
enylin Children's Tickly Coughs
esentation: Syrup containing 0.75 ml of Glycerol r 5 ml. **Uses:** Relief of dry tickly coughs. **Dosage:** ildren aged 3 months to 1 year: 5 ml 3 to 4 times ily; age 1 – 5 years: 10 ml 3 to 4 times daily; not commended for children under 3 months. **ntraindications:** Known hypersensitivity. **ecautions:** If symptoms persist for more than 3 ys consult doctor. **Pregnancy and lactation:** Not plicable. **Side effects:** None known. **RRP (ex-AT):** 125 ml £2.80. **Legal Category:** GSL. **PL older:** BCM, 1 Thane Road West, Nottingham N2 3A. **PL No:** 00014/0500. **Date of preparation:** cember 2003.
enylin Tickly Coughs Non-Drowsy
esentation: Liquid containing 0.75 ml Glycerin d 1.93 ml Liquid sugar demineralised per 5 ml. **es:** Relief of tickly dry coughs and sore throats. **sage:** Adults and children over 5 years: 10ml 3 4 times a day; children 1 – 5 years: 5 ml 3 to 4 es a day; children under 1 year: not commended. **Contraindications:** Known persensitivity. **Precautions:** Diabetics should take te of the carbohydrate content of this product. **egnancy and Lactation:** Consult doctor before e. **RRP (ex-VAT):** 125ml £2.97 **Legal category:** L. **PL Holder:** BCM, 1 Thane Road West, ttingham, NG2 3AA. **PL Number:** 00014/0500.

Date of preparation: January 2004
Benylin Day and Night Cold Treatment
Presentation: Blister pack containing fifteen amber film-coated tablets and five blue film-coated tablets in opaque blisters. **Each amber daytime tablet contains:** 500mg Paracetamol and 25mg Phenylpropanolamine HCl. **Each blue night-time tablet contains:** 500mg Paracetamol and 25mg Diphenhydramine HCl. **Uses:** Symptomatic relief of colds and influenza. **Dosage:** Adults and children over 12 years: 4 tablets should be taken daily - three amber tablets during the day and one blue tablet at night. Do not take the night-time tablets during the day; **Children:** Not recommended under 12 yrs. **Contra-indications and Precautions:** Hypersensitivity, hyperthyroidism, hypertension, heart disease, liver disorders and pregnancy. Caution in diabetes mellitus. Not for use by patients who are taking, or who have taken MAOIs within the preceding two weeks. Avoid alcohol. **Side effects:** May cause drowsiness, if affected do not drive or operate machinery. Paracetamol can cause skin rashes. Phenylpropanolamine may give rise to dizziness, headache, nausea, tremor, anxiety, insomnia and palpitations. **RSP:** £3.79. (ex-VAT £ 3.13). **Legal category:** P. **PL holder:** Pfizer Consumer Healthcare, Eastleigh, SO53 3ZO. **PL no:** 15513/0045 **Date of preparation:** September 2001.
Benylin Four Flu Tablets and Liquid
Presentation: Tablets: Orange tablets containing 12.5mg Diphenhydramine HCl, 500mg Paracetamol and 22.5mg Pseudoephedrine HCl per tablet **Liquid:** Orange liquid containing 25mg Diphenhydramine HCl, 1000mg Paracetamol and 45mg Pseudoephedrine HCl **Uses:** Symptomatic relief of colds and flu. **Dosage:** Tablets: Adults: 2 tablets 4 times daily; Children aged 6 - 12 yrs: 1 tablet 4 times daily; Children under 6 yrs: not recommended. **Liquid:** Adults: 20ml 4 times daily; Children aged 6 - 12 years 10ml 4 times daily; Children under 6 years: not recommended. **Contraindications:** Hypersensitivity, severe hyperthyroidism, severe hypertension. With or within two weeks of receiving monoamine oxidase inhibitors. **Precautions:** Caution in cardiovascular disease, hypertension, hyperthyroidism, prostatic enlargement, liver disease, renal disease, glaucoma or diabetes. May cause drowsiness. Avoid alcohol and drugs with anti-cholinergic properties. **Pregnancy and lactation:** Consult doctor before use. **Side effects:** Occasionally skin rash, nausea, headache, dizziness, sedation, tachycardia and insomnia **RRP (ex-VAT):** Tablets £x.xx. **Liquid 200ml:** £x xx **Legal category:** P. **PL holder:** Warner Lambert Consumer Healthcare, Eastleigh, SO53 3ZO. **PL no:** Tablets: 15513/0058 **Liquid:** 15513/0057 **Date of preparation:** January 2004.
Benylin Sore Throat
Presentation: Redcurrant or Honey and Lemon lozenges **Contains:** Hexylresourcinol 2.4mg per lozenge. **Uses:** Antiseptic, demulcent and local anaesthetic for relief of sore throat **Dosage: Adults and children over 6 yrs:** Dissolve one lozenge slowly in mouth every 3 hours or as required. Max 12 in 24 hours; **Children under 6 yrs:** not recommended. Contra-indications: Hypersensitivity **Precautions:** Caution in fructose intolerance or related metabolic disorder, pregnancy, lactation **SRP (ex VAT):** 24s. £x.xx. **Legal category:** GSL **PL Holder:** Ernest Jackson & Co Ltd **Further information available from:** Pfizer Consumer Healthcare, Eastleigh, SO53 3ZO **PL nos:** 00094/0040 and 00094/0036 **Date of preparation:** July 2002.

References: 1. IRI 52 w/e November 3rd 2003, All Outlets
2. NOP survey, 19-22 September 2003. Sample of 1000.
3. Professor Ron Eccles Common Cold Centre November 2003.

POM to P switch for omeprazole

GlaxoSmithKline Consumer Healthcare is launching a pharmacy-only OTC omeprazole brand.

Zanprol (10mg tablets omeprazole) is formulated to provide relief from heartburn and GSK says it can give weeks of remission for recurrent attacks.

It is appropriate for people who suffer from recurrent heartburn (twice a week or more) which can affect their quality of life. It should not be used by pregnant or breast-feeding women.

The tablets start to suppress acid within one to two hours of the first dose and symptom relief builds to a maximum after three to four days. The customer may also need an occasional dose of simple antacid to manage any initial symptoms.

The starting dose is two 10mg tablets (20mg) once daily for three to four days to obtain symptom relief.

When symptoms improve, the dose can be reduced to one 10mg tablet once daily, returning to two tablets if symptoms return. The lowest effective dose should always be used.

If continuous treatment for more than four weeks is required to relieve symptoms, refer to the GP.

GSK has produced an educational package including a simplified algorithm developed with a panel of GPs, gastroenterologists and pharmacists. Pharmacy materials include a training manual, WWHAM reminder card and CPD-accredited training modules. GSK PharmAssist training workshops will be launched on April 7.

A consumer press advertising campaign will support the launch from June/July.

Price: £9.49

Pack size: 14 tablets
Pip code: 301-8009
GlaxoSmithKline Consumer Healthcare
Tel: 0845 762 6637

Size matters to Voltarol

Voltarol Emulgel P now has a mild arthritis indication and is being introduced in a larger 50g pack in addition to the existing 30g size.

The diclofenac medicine is already indicated for local symptomatic relief of pain and inflammation in tendons, ligaments, muscles and joints due to bruises, sprains and strains.

Novartis Consumer Health says the larger size is designed to capitalise on the fact that around 40 per cent of topical analgesic sales are now in 50g packs. It also offers regular, heavy users greater convenience and a cost saving.

A £1 million national advertising and promotional campaign will support the new pack.

Price: £6.99

Pack size: 50g
Pip code: 301-3711
Novartis Consumer Health
Tel: 01403 210211

Anti-dandruff shampoo comes out of the Blue

attem UK is launching an OTC
ti-dandruff shampoo
ntaining selenium sulphide
per cent.
Selsun Blue is formulated to
ear dandruff, relieve itchiness
d to be gentle enough to be
ed daily.
The shampoo is available in
ee variants to suit different hair
pes – Replenishing for normal
dry hair, Deep Cleansing for
rmal to greasy hair and Dual
tion for all hair types.
The launch is being supported
a £1 million marketing

campaign including national advertising in women's magazines and newspapers throughout the rest of the year.

The campaign will centre around the theme of 'Give your hair the care it deserves – a new approach in the fight against dandruff.'

Price: £4.49

Pack size: 200ml
Pip code: Replenishing 298-7410, Deep Cleansing 298-7402, Dual Action 298-7428
Ceuta Healthcare
Tel: 01202 780558

Gel repels little biters

A gel version of Dr Johnson's aromatherapy-based Mosquito & Insect Repellent is being launched in a handy tube.

The product's non-DEET formula is based on citronella, eucalyptus, lavender and lemon grass. It is non-greasy, quick drying and easy to apply.

The non-toxic formulation is suitable for adults including pregnant women and children over two. The repellent is also available as a spray and roll-on stick.

Price: £1.99

Pack size: 100ml
MPM Consumer Products
Tel: 0161 231 6111

Change in glucosamine strength

ealth Perception has increased
e glucosamine sulphate
mposition of its original High
rength GlucOsamine 500mg
blets by 50 per cent to 750mg.
The new dosage will mean taking
o tablets per day instead of the
rrent three times daily dosage
quired with the 500mg tablet.
Consumer research shows that
mpliance is improved when there
e fewer tablets to take.
The 750mg tablet will replace the
0mg tablet with immediate effect.

ice: £9.99 (30), £14.99 (60), 9.99 (90)

ealth Perception Ltd
l: 01252 861454

Gentle vapours for easy breathing

Warmways Healthcare is introducing a self-warming vapour release system to help relieve nasal congestion.

Viora Breathe Clearly features warmth activated fragrance sachets containing natural essential oils.

When the contents of the non-tearable sachets are exposed to the air, a basic warming reaction occurs. Soothing vapours of eucalyptus, peppermint, thyme, lavender and rosewood are then released into the air. The sachets last for 10 to 12 hours.

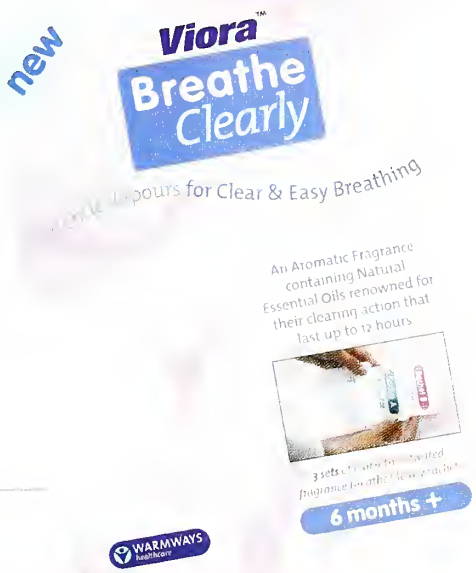
Each pack contains three sets of sachets, a reusable soft mitt and a dispenser with step-by-step instructions for use.

The treatment is suitable for adults and children over six months. It can be used in the home, car or workplace.

Viora Breathe Clearly is the first in series of natural healthcare products to be launched by Warmways Healthcare this year.

Price: £5.99

Pack size: three sachets
Pip code: 302-2217
Warmways Healthcare Ltd
Tel: 01903 889734



Frontshop

Nivea boost for the skin

Beiersdorf has developed two Nivea Visage face creams to "act as an energy drink for the skin".

Nivea Visage Beauty Boost day and night creams are claimed to reduce the appearance of fine lines and wrinkles.

The formulations contain creatine which is a natural co-enzyme in the body made up of three amino acids.

The manufacturer says creatine enhances the skin's metabolism, helping to repair and protect skin structures.

Both creams also include antioxidants vitamin C and E, pro-vitamin B_5 and tapioca starch which leaves a non-sticky velvety feeling on the skin.

In addition, the night cream contains vitamin A to stimulate skin renewal and the day cream contains a UV filter system (SPF8) with added UVA protection.

Both products are presented in a pump dispenser.

Price: day cream £12.99, night cream £13.75

Pack size: 50ml pump dispenser

Pip code: day cream 302-6036, night cream 302-6051

Beiersdorf UK Ltd

Tel: 0121 329 8800

Slip feet into something more comfortable

SSL International aims to build up distribution of Scholl footwear in pharmacies this year.

New massage technology has been introduced into the Scholl footwear collection for next autumn and winter.

Designed to provide all day comfort for men and women, the Massage shoes feature a ribbed foot bed to massage the foot, improve circulation and invigorate feet and legs.

Other new footwear styles include Camelot with SoftStep technology (left) and the Adapta range.

Available in a range of colours, these shoes are designed to fit the natural contours of the feet, supporting the arch and protecting the heels and legs from the everyday shocks and stresses of walking.

Price: Massage from £40.00, Dakota from £25.00

SSL International

Tel: 0161 654 3000

L'Oreal livens hair colour

L'Oreal is launching a new temporary hair colourant range on March 15.

Color Pulse is an ammonia-free concentrated colour mousse formulated to boost colour intensity and add gloss. The colour will fade gradually after eight to 10 shampoos. It is targeted at young women who want a vivid colour without committing themselves to permanent hair colour.

The thick mousse can be easily applied to the hair, allowing the colour to be quickly and evenly distributed, without dripping.

It is available in a choice of 10 colours including Pepsy Purple and Funky Cherry which are formulated to be visible even on dark hair.

Price: £5.99

L'Oreal Group UK

Tel: 020 8762 4000

A wave of the Volumax wand

Collection 2000 will launch a multi-benefit mascara in May.

Volumax Mascara is enriched with conditioning silk protein and vitamin B_5.

It is formulated to give lashes maximum volume and curl without clumping for a glamorous look. The mascara has a fragrance-free formula and is suitable for sensitive eyes.

It will be available in two colours – black and brown.

Price: £2.79

Collection 2000 Ltd

Tel: 01695 727317

Easter parade

Kodak is launching a new range of pre-packed floor and counter merchandisers to help retailers drive impulse sales of Kodak film and single-use cameras in the run-up to Easter. The units are designed to highlight 'buy two get one free' or 'up to 15 shots free' promotions on Kodak Ultra and Kodak Definition Film and single-use cameras.

For more information:

Kodak Ltd

Tel: 01442 261122

Dulco-Lax rhythm

This month sees the launch of a new £2 million TV advertising campaign for Dulco-Lax.

The commercial features the strapline 'help restart your natural rhythm', first introduced two years ago.

Centring on the workplace, the advertising depicts a woman who rediscovers her body's natural rhythm once Dulco-Lax has taken effect and constipation is relieved.

The TV campaign forms part of a major marketing programme designed to expand the laxative market and the Dulco-Lax brand.

For more information:

Boehringer Ingelheim Ltd

Tel: 01344 424600

Rimmel making eyes

Coty is introducing a new mascara into the Rimmel London range on March 25.

Rimmel Xtreme Volume Comb Mascara features a new style comb applicator with wide-spaced teeth with built-in reservoirs.

Coty says the comb is designed to build lashes up to five times their natural volume.

The mascara comes in two shades – black and brown. It is ophthalmologist-tested and suitable for sensitive eyes and contact lens wearers.

Price: £5.99

Coty (UK) Ltd

Tel: 020 8971 1300

Panadol Compack posters on the move

n unusual new commercial to unch the Compack from Panadol on TV from March 13.

Targeted at young professionals nd busy mums, the £0.6 million ampaign will run for four weeks.

The commercial features three eople, each handling and opening ne of the Compack variants in eir own distinctive ways – 'the ck', 'the chop' and 'the squeeze'.

The idea is to exaggerate how volved people can get with the ew crush-resistant pack.

The TV advertising will be inforced by a two-week poster ampaign utilising technology that resents a moving image within the poster to show a close-up of the product being opened and closed by a hand.

For more information:
GlaxoSmithKline Consumer Healthcare
Tel: 0845 762 6637

Award winners

Winning products in *Zest* magazine's Pharmaceutical Awards are Lil-lets Extra Comfort tampons (best product for women), Scholl Party Feet Gel Cushions (best innovation), Snoreeze throat spray (best product for men), Kalms tablets (best stressbuster), Oilatum Junior range (best product for children) and Boots Sleep range (best product range).

Small talk

The GSL six-pack of Imodium Plus caplets is now available to independent pharmacies following its initial launch through multiples. Imodium Plus caplets, which contain a combination of loperamide and simethicone, are also available in a 12-caplet 'P' pack.

Price: £3.75
Pack size: six caplets
Pip code: 300-8679
Johnson & Johnson MSD Consumer Pharmaceuticals
Tel: 01494 450778

Head start for Syndol on national TV

Syndol will return to national TV from April 5 in a £1 million campaign.

The humorous commercial featuring a male office worker with a headache will be on air for four weeks.

A range of point of sale materials is available to support the campaign.

Syndol is the fastest growing £1m+ adult oral analgesic in the UK with 18 per cent growth in the last 12 months (*Information Resources 52 w/e Jan 24, 2004*).

For more information:
SSL International
Tel: 0161 654 3003

Message in a bottle

ach Rescue Remedy ill be in the public eye r the next three onths, supported by dvertising on llboards, the nderground and in agazines.

The advertising ortrays a bottle of escue Remedy Spray anding on a pile of ecariously stacked ebbles to depict the oduct as a reassuring ement of calm within e balancing act of life.

The headline 'Yoga in bottle' is designed to rike a chord with key urchasers.

For more information:
Nelsonbach
Tel: 020 8780 4200

TV next week

Bonjela: C4, five, Sat
Califig: C4, Sat
Calpol: All areas except U, GMTV
Calprofen: All areas except U, GMTV
Huggies: All areas
Kool 'n Soothe: All areas except GTV, B, G, Y, CTV, TT, five
Kool 'n Soothe Migraine: All areas except GTV, B, G, Y, CTV, TT, five
Nicorette: Sat
Olbas range: five, GMTV, Sat
Pepcidtwo: All areas
Rennie Soft Chews: All areas
Sanatogen Gold: All areas
Senokot: Y, C4, five, GMTV, Sat
Seven Seas Pure Cod Liver Oil: All areas except U, CTV, GMTV
Vagisil: All areas

PharmaSite for next week: NiQuitin CQ – window, **NiQuitin CQ** – in-store, **Canesten Oral & Cream Duo** – dispensary

A-Anglia, B-Border, C-Central, C4-Channel 4, five-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

What next for **HRT?**

Hormone replacement therapy has had a mixed press lately. Sarah Purcell takes stock of the latest advice on its use

The decision by the Medicines and Healthcare products Regulatory Agency in December to change the guidelines on hormone replacement therapy has cast further confusion on the role of these drugs in the future.

It is no longer recommended as first choice of therapy for prevention of osteoporosis in women over 50, while for menopausal symptoms GPs should prescribe "the minimum effective dose for the shortest duration", says the MHRA. The move follows a Europe-wide review of the balance of risks and benefits of HRT in response to growing concerns about the safety of long-term use of HRT. So what do these new guidelines mean and how will they affect women?

There are two main studies that have fuelled concerns about use of HRT and led to the new guidelines – the Women's Health Initiative (*JAMA 02; 288:321-333*) and the UK Million Women Study (*Lancet 03; 362: 419*).

In the Women's Health Initiative the risks and benefits of oestrogen and progestin in healthy post-menopausal women was studied. The main outcomes of the research were that these women had an increased risk of coronary heart disease, invasive breast cancer, stroke and pulmonary embolism. The study was stopped two years early because of concerns about the number of women who had experienced invasive breast cancer during the trial. The risks per 10,000 women attributable to oestrogen plus progestin were seven more CHD events, eight more strokes, eight more pulmonary embolisms and eight more invasive breast cancers. The researchers concluded that these drugs should no longer be given for the prevention of CHD in post-menopausal women.

In the Million Women study the main finding was that combined HRT drugs carried an increased risk of breast cancer which declines when HRT is stopped and by five years reaches the same level as women who have never taken HRT. The increased risk of breast cancer becomes apparent within one to two years, regardless of the type of HRT used. Out of 1,000 women taking combined HRT for 10 years aged 50-65, there are 19 extra breast cancer cases.

Advice to women on HRT

Norma Goldman, a pharmacist and founder of the Menopause Exchange, stresses the importance of reassuring women who are taking HRT and who may be worried. "Each woman needs to look at her own situation, in consultation with her doctor, and weigh up the pros and cons of taking HRT. It's important that women don't stop taking HRT suddenly as symptoms will quickly reappear. It needs to be done gradually, in consultation with their GP."

There is no need for women to see their GP urgently – a routine appointment is fine.

Continued on page 40 ▶

NEW FOR TENSION HEADACHE

32 CAPLETS

PROPAIN PLUS

Tension headache relief

PROPAIN® PLUS - PROFITS you and your customers

You get a product which offers an advantageous profit on return as well as a £1m TV, radio and press campaign to fire up demand.

Your customers get a treatment for tension headache they'll want to come back for - time and time again.

Paracetamol 450mg an effective analgesic to stop the pain. Also acts as an antipyretic (lowers a raised body temperature).

Codeine Phosphate 10mg acts quickly on the brain to reduce pain signals.

Caffeine 30mg a co-analgesic and mild stimulant to speed up the action of the paracetamol.

Doxylamine Succinate 5mg an antihistamine with a sedative effect to help relax muscular tension.

Film coated tablets that are easy to take.

To order product or point of sale for your store, please phone the Sankyo Customer Helpline on:

080 068 7616

OPAIN® Plus Coplets. ABBREVIATED PRODUCT INFORMATION. Please refer to Summary of Product Characteristics for full product infarmatian. **Presentotion:** White compressed capsule shaped tablets with 50 embossed on reverse, each containing paracetamal BP 450 mg, doxylamine succinate USP 5mg, caffeine anhydrous BP 30mg, codeine phosphate BP 10mg. **Indicotions:** Treatment of tension headache, adache, toothache, sore throat, backache, migraine, neuralgia, dysmenorrhaea, muscular and rheumatic aches and pains. Prapain® Plus is also indicated for past-operative analgesia following surgical ar dental ocedures and for the relief of pain and reduction of fever associated with influenza and colds. **Dosoge:** Adults and children over 12 years of age: 1 or 2 caplets every four to six hours up to a maximum of 8 blets in 24 haurs. The suggested dosage may alsa be administered to the elderly (in the absence of other contra-indications). Not suitable for use by children under 12 years af age. Not intended for use over g periods without consulting a doctor. **Contro-indicotions:** Propain® Plus is contra-indicated in patients with known hypersensitivity to any of the ingredients. Not recommended in pregnancy and lactatian. Nat be taken with other paracetamol-containing products. **Speciol wornings and precoutions:** Prapain® Plus should anly be taken with caution by asthmatics. Propain® Plus may cause drawsiness and affected ividuals should nat drive or operate machinery. This may be aggravated by simultaneous intake of alcohol. As with all medicines containing paracetamol, codeine or antihistamines, caution should be exercised patients with compromised liver or renal function. Caution is advised in patients with hypertension, hypothyroidism, adrenocortical insufficiency, prostatic hypertrophy, shock, obstructive bowel disorders, recent trointestinal surgery, gallstones, a history of cardiac arrhythmia ar convulsions. The recammended dase should not be exceeded. **Side Effects:** Adverse effects of paracetamol are rare but hypersensitivity including rash may occur. Adverse effects of antihistamines vary but the most comman is sedation. Caffeine may cause nausea, headache and insomnia. Codeine may cause canstipatian, nausea, vomiting, ziness, drowsiness and respiratary depression in sensitive patients. Skin rashes have been seen rarely in hypersensitive patients. Market Autharisatian number: Propain® Plus tablets (PL 16/0363). **Morket Authorisotion holder:** Lagap Pharmaceuticals Ltd, Woolmer Way, Bordan, Hants. GU35 9QE. **Legal cotegory:** P. **Trade price:** 16 caplets £1.94 (R.R.P £3.41), 32 caplets 96 (R.R.P £5.20). Further information from: Medical Information, Sankyo Pharma UK Limited, Reptan Place, Amersham, Bucks. HP7 9LP. **Dote of preporotion,** API: August 2003. PF0401T
te of preporotion, January 2004

SANKYO

Expert answers

Ever had a question about the menopause that you couldn't answer? The Menopause Exchange's Ask the Experts panel could help. The organisation now benefits from the expertise of two GPs, a dietician, a specialist pharmacist, a nutritionist, two menopause nurse specialists and a counsellor. The team of experts will answer members' questions on the menopause and related topics in every issue of their quarterly newsletter.

The Menopause Exchange, founded by pharmacist Norma Goldman, provides women and health professionals with independent advice and information (it's funded purely by subscriptions so no bias from drug companies). For more information write to The Menopause Exchange at PO Box 205, Bushey, Herts WD23 1ZS, tel: 020 8420 7245 or e-mail *mexchange@btinternet.com*

Norma Goldman presents talks on "Understanding the menopause"

- There is no need to change treatment for women who are taking HRT in the short-term for menopausal symptoms, but these women should discuss their treatment at least annually with their GP to ensure it's still suitable.
- For women over 50 who are taking HRT for osteoporosis prevention (and NOT suffering menopausal symptoms), make an appointment with their GP to discuss alternative treatments.
- There is no need to change therapy for women who've had an early menopause and are under 50.

How do menopause specialists view the new guidelines?

Dr Heather Currie, associate specialist gynaecologist at Dumfries & Galloway Hospital, and founder of the Menopause Matters website, echoes the views of many experts: "The change in guidelines for prescribing HRT for osteoporosis prevention is still controversial and generally not accepted by menopause experts. I believe HRT still does have a role in osteoporosis prevention, though its main use should be for treating menopause symptoms. HRT has significant benefits over other treatments in osteoporosis prevention."

Professor John Studd, consultant gynaecologist at Chelsea & Westminster Hospital, agrees: "Many experts on HRT disagree with the advice that HRT should no longer be a first-line treatment for osteoporosis. The improvement in bone density can't be matched with any other drug. The only real alternative is bisphosphonates, but their effects haven't been as well proven in trials."

Professor Studd and others believe that the studies that these new guidelines are based on were flawed. "The Million Women study found complications using a drug that we don't use on patients we don't treat. This drug is no longer used on women aged 60–79."

The outcome of the guidelines, he believes, is that women will become reluctant to take HRT and GPs much less willing to prescribe it. "It's important to view the risks in perspective. It's possible that by taking HRT for 15 years your breast cancer risk increases by 1 per cent, but that's the same extra risk as a late menopause, drinking alcohol, being overweight or having children later in life."

Dr Currie believes that women have been scared off taking HRT by recent media reports which have caused confusion for both the public and health professionals. "Perhaps the one positive thing to come out of this is that we'll see more appropriate use of HRT in the future. In the past some women might have taken it because it made them feel better, and not through real need. This won't happen any more. And while we know HRT isn't perfect, lots of women see real benefits as a result of taking it."

Dr Shirley Bond is a GP specialising in women's health, and spokeswoman for the National Menopause Advice Service, supported by Wassen International. She welcomes the new guidelines. "At best all the oestrogen in HRT can do is retain old bone which eventually becomes brittle and has an increased fracture risk. Osteoporosis should be dealt with in such a way as to build up new bone. This can be done with a good bone supplement, weight bearing exercise and progesterone cream." In future, she believes the role of HRT may be limited to those women with no breast cancer history or heart disease risk. "I think its use may be limited to women with severe hot flushes and sweats and then only in the very short term."

The new guidelines

- For the short-term treatment of menopausal symptoms with HRT, the benefits still outweigh the risks for most women. "The lowest effective dose should be used for the shortest duration and each decision to start HRT should be made on an individual basis with a fully informed woman," say the guidelines. Treatment should be reviewed at least once a year.
- For the prevention of osteoporosis in women over 50 HRT is no longer first-line therapy. It remains an option for women who are intolerant of other osteoporosis prevention treatments or those who can't take these because of contraindications.
- HRT may be used in younger women who've experienced a premature menopause for treating menopause symptoms and preventing osteoporosis until age 50. After this age, treatment for osteoporosis prevention needs to be reviewed and HRT considered second-line treatment.
- HRT is not recommended for healthy women without menopausal symptoms because the balance of risks outweighs any benefits.

The change in guidelines for prescribing HRT for osteoporosis prevention is still controversial and generally not accepted by menopause experts

PMS – how pharmacists can help women

A survey carried out on behalf of diuretic Aqua Ban found that only 13 per cent of women would visit their GP for advice on treating PMS symptoms, leaving a huge opportunity for pharmacy involvement.

"During an often fraught and uncomfortable time, help with safe and effective treatments, dosage and potential side effects is frequently sought," says Kathryn Hynes at GR Lane Health Products. "There is scope for pharmacists to make more of their professional skills and training with such a common ailment among women. An extensive product knowledge as well as awareness and understanding is needed if pharmacists are to distinguish between symptoms and identify the appropriate treatment. Pharmacists are authoritative yet approachable figures as a first port of call."

HRT after breast cancer

A study published in *The Lancet (Feb 3, '04)* has created more confusion over the use of HRT in women who've had breast cancer. The Swedish study of breast cancer survivors was stopped early because of the number of women whose breast cancer recurred when taking HRT. The researchers followed 434 women who had breast cancer and found that of the 174 women on HRT, breast cancer recurred in 26 cases, compared with seven women who were not on HRT.

Continued on page 42 ▶

Some things work faster

as a Duo*

New Canesten Duo combines the power of two fast thrush treatments in one: an oral capsule to resolve the infection and double strength cream for symptom relief. A fast response to thrush, in one convenient pack.

*Canesten Oral and Cream Duo works faster to relieve the symptoms of Thrush than Canesten Oral alone

Product Information for Canesten® Oral & Cream Duo. Presentation: ***Canesten® Oral Capsule*** contains 150mg fluconazole. ***Canesten Thrush Cream*** contains clotrimazole 2% w/w. **Indications:** ***Oral Capsule*** Treatment of candidal vaginitis, acute or recurrent. Also for treatment of partners with associated candidal balanitis. ***Thrush Cream*** Treatment of candidal vulvitis. To be used as an adjunct to treatment of candidal vaginitis. Can also be used for treatment of the sexual partner's penis to prevent re-infection. **Dosage and Administration:** *Adults (16 – 60 years).* Swallow one capsule. Apply cream to vulva and surrounding area two or three times daily and rub in gently. Treatment should be continued until symptoms of the infection disappear. If after concomitant treatment of vaginitis, symptoms do not improve within seven days, the patient should consult a physician. For treatment of sexual partner's penis, cream should be applied two or three times daily for two weeks **Contra-indications:** Hypersensitivity to fluconazole, clotrimazole, related azole compounds or any of the excipients; co-administration with terfenadine or cisapride; pregnancy, suspected pregnancy and breast feeding. **Warnings and Precautions:** Adequate contraception necessary. A physician should be consulted if the patient or partner have had exposure to sexually transmitted disease, or if the patient: has had more than two infections of thrush in the last six months; is experiencing thrush for the first time; has known hypersensitivity to imidazoles or other vaginal antifungal products; is taking any medicine other than the Pill; has any disease or illness affecting the liver or kidneys or has had unexplained jaundice; suffers from any other chronic disease or illness; is uncertain of the cause of symptoms. Or if the patient has any of the following symptoms: abnormal or irregular vaginal bleeding or a blood-stained discharge; vulval or vaginal sores, ulcers or blisters; lower abdominal pain or dysuria; any adverse events such as redness, irritation or swelling associated with the treatment; fever or chills; nausea or vomiting; diarrhoea; foul smelling vaginal discharge. In men, medical advice should be sought if: sexual partner does not have thrush; they have penile sores, ulcers or blisters; there is abnormal penile discharge; penis has started to smell; dysuria. Patients should consult their doctor if symptoms have not been relieved within one week. The cream may damage latex contraceptives so patients should be advised to use alternative precautions for at least five days. **Side-effects:** Nausea, abdominal pain, diarrhoea and flatulence. Rarely, rash, headache, hepatotoxicity and anaphylaxis.Cream may cause local mild burning or irritation immediately after use and hypersensitivity reactions. **Cost:** £12.50. **MA Number:** PL 00010/0282 & PL 00010/0077. **MA Holder:** Bayer plc, Consumer Care Division, Newbury, Berkshire RG14 1JA. **Legal Category:** P. **Date of Preparation:** February 2004.

Canesten® can

Product news

Thrush and cystitis

Care Fluconazole single dose capsules provide relief for thrush within 24 hours and retail at an affordable £6.99. The product is being supported with press advertising. Thornton & Ross, tel: 01484 848200.

Bayer has extended its Canesten range with the addition of Canesten Duo, which combines Canesten Oral tablet (150mg fluconazole) with Canesten double strength cream (2 per cent clotrimazole) in one pack. The launch is being supported with an educational package aimed at pharmacy staff and point of sale material. Bayer Consumer Care, tel: 01635 206000.

A survey carried out on behalf of Cymalon has revealed that some 80 per cent of women suffer from cystitis at some time and half of these feel they can't go out or socialise when they have an attack. Thornton & Ross, tel. 01484 848200.

The cystitis remedies market is currently worth £4.8m and pharmacy sales account for 70 per cent of this. Cystopurin sales account for almost 50 per cent of the pharmacy sector, says Roche. The company is working closely with charity Wellbeing to provide educational material for cystitis sufferers. Roche Consumer Health, tel: 01707 366000.

Alpharma has produced a series of What is... information sheets useful for pharmacists and patients alike. There are sheets on both thrush and cystitis which include lots of useful self-help tips and advice. Visit *www.accessiblemedicine.co.uk*

Sexual health

Vaginal dryness is a common problem that can affect women of all ages. Vielle is a new lubricant made from silicone that gives a natural feeling. It is safe to use with barrier contraceptives and costs £4.95. Available from CTS Medical, tel: 01730 234555.

A new survey carried out on behalf of Replens has revealed that 80 per cent of customers find vaginal dryness products hard to locate in the pharmacy. Some 78 per cent of customers would prefer their pharmacy to have specific areas in the store dedicated to intimate hygiene products. Replens MD Economy Sytem (£9.85) is a new addition to the range and includes a 35g tube with reuseable applicator, providing 12 applications. Tel: 01438 743070.

HRT alternatives

The calcium supplements market is now worth £4 million (*IRI*) and the recent change in guidelines on the prescribing of HRT for osteoporosis prevention is likely to grow the market significantly. Osteocare is the UK's best selling calcium supplement, with a 68.5 per cent share of the market. The formulation includes calcium, magnesium, vitamin D and zinc. It's available in tablet, liquid and Fizz formulations. Vitabiotics, tel: 020 8955 2600.

Menopace is a formulation of 22 nutrients designed to treat menopausal symptoms. In trials up to 85 per cent of women found Menopace beneficial, with 62 per cent finding that it helped with hot flushes. It includes soy isoflavones to help maintain bone health, vitamin E for heart health, vitamin C for healthy skin and iodine for thyriod function. Vitabiotics, tel: 020 8955 2600.

Half the British female population will be over the age of 50 by 2005, so managing the menopause has become a crucial issue. There are hundreds of alternatives for women to choose from, but few have undergone rigorous trials. A few that have include Black Cohosh, Soya isoflavones and St John's Wort. These three supplements are available from Lichtwer Pharma as Kira Black Cohosh (£9.99 for 30), Aria (£12.99 for 30) and Kira St John's Wort (£14.95 for 30). Lichtwer Pharma, tel: 01628 487780.

Bochringer Ingelheim have launched Antistax Leg Gel to complement their existing Antistax supplement for tired, aching legs. The leg gel contains Red Vine leaf extract for immediate relief, is lemon-fragranced and non-sticky. The launch is being supported with a £1.3m television campaign. Boehringer Ingelheim, tel: 01344 424600.

Lil-lets Solutions goes from strength to strength

Lil-lets SOLUTIONS

Women nationwide are benefiting from the enhanced sense of well being that ***Lil-lets Solutions*** gives them. ***Lil-lets Solutions*** can help ease the aches and cramps associated with periods and PMT in a drug-free way as well as providing freshness throughout the day

Lil-lets Solutions was launched in the UK during 2001 and immediately became an instant hit with retailers and consumers alike with the range now having the second largest share of the 'other feminine hygiene' market[1]. The ***Lets Solutions*** range includes a **Heat Soother, Relaxing Rub, Active Feminine Wipes, Fresh Feminine Wipes Bathroom Pack** and **Intimate Care Mousse**. With this range, it's clear that ***Lets Solutions*** understands women's needs. Research shows growing consumer demand, as 90 per cent of menstruating women experience period pain[2] and 74 per cent of women buy products to prevent intimate irritation[3]. The range offers women an effective alternative to ease the discomfort of periods, helping them get on with life.

The ***Lil-lets Solutions*** **Heat Soother** is a discreet, self-heating patch which warms to approximately 40°C and lasts for up to 6 hours helping to ease aches and cramps associated with periods. The patch is drug and fragrance-free and helps relieve aches and pains without painkillers.

Lil-lets Solutions **Relaxing Rub** is infused with lavender, lemongrass, and chamomile pure essential oils, which have been especially chosen for their beneficial properties. When massaged into the stomach or lower back, the rub helps to relax, balance and soothe.

Gynaecologically approved ***Lil-lets Solutions*** **Active Feminine Wipes** have been especially formulated to help maintain the natural pH balance as well as cleanse and freshen. The pH balance of the intimate area can be altered by the use of soap or by hormonal changes which may result in intimate irritation or discomfort. The specially formulated flushable wipes contain lactic acid, which reduces the risk of irritation, and aloe, chamomile and pro-vitamin B5 to soothe and moisturise. They're available in 16s as two small, discreet packs of eight wipes and are ideal for use while out and about.

Gynaecologically and dermatologically approved, ***Lil-lets Solutions*** **Intimate Care Mousse** is a unique, clear active cleansing mousse formulated for refreshing, protecting and soothing the intimate area. The mousse format is 100 per cent soap and perfume-free to help maintain the body's natural pH and reduce the risk of intimate irritation and discomfort. The formulation contains chamomile which is renowned for its soothing properties and lactic acid which helps provide a natural defence against irritation.

The ***Lil-lets Solutions*** range features:

- Relaxing **Heat Soother** to help ease aches and cramps associated with periods.
- Essential oils-based **Relaxing Rub** designed to help soothe and relax muscle aches and cramps.
- **Active Feminine Wipes** (16s) which offer the dual action of gently cleansing with pH balancing and are ideal for stashing in the handbag and using whilst on the go.
- **Intimate Care Mousse,** pH balanced to cleanse, refresh and protect.

New improved *Lil-lets Solutions* range on shelf now, with RRP from £2.35.

1 IRI 52 w/e January 24 2004
2. ETCD powerviewer, 6 m/e Sept 2003
3. TNS Omnimas, May 2000

For more information:

Accantia Health & Beauty Ltd, Birmingham B8 3DZ 0121 327 4750

www.lil-lets.com* & *www.lil-lets-talk.com

John Davies looks at the implications for small businesses now that they can opt out of providing audited accounts

No **accounting** for taste

From this month, private limited companies which report an annual turnover of up to £5.6 million are exempt from the legal requirement to have their accounts audited. The Department of Trade and Industry estimates that the increase in the audit exemption threshold from £1m to £5.6m will affect around 60,000 UK companies.

The Government has presented this reform as an example of its commitment to sparing British businesses from unnecessary red tape. Most small businesses will agree that needless regulatory burdens are a cost which they could well do without, but is it fair to argue that the independent audit is really unnecessary?

Since all companies in the new turnover band are legally exempt from the annual audit in respect of accounting years ending on or after March 30, 2004, they need do no more than claim, on the accounts which they will still have to file at Companies House, their right to file unaudited accounts. Companies which want to continue to have their accounts audited will therefore have to make a positive decision to do this. But before they decide which way they wish to go, they should consider that dispensing with the audit is not quite the simple story of saving money.

The main purpose of the audit is to allow an independent expert to review a company's accounts and give an opinion on whether they are prepared in accordance with legal rules and best accounting practice, and that they amount to a faithful reflection of the financial transactions of the company over the accounting period.

The audit process will also involve the auditor carrying out checks to identify the existence of fraud and to assess the adequacy of the company's internal controls. If the auditor discovers weaknesses in the company's internal controls or accounting processes which could be rectified in the interests of greater efficiency, he will report accordingly to the company's management. The audit process also considers whether the company is a going concern.

The benefits of the audit to the company from an internal point of view are several. Via a clean audit report, directors can rest assured that the accounts for which they take responsibility have been properly prepared and give a true and fair view. Shareholders not involved in management receive a professional opinion on the truth and fairness of the directors' accounts from a qualified auditor who owes them a legal duty of care. Both directors and shareholders are assured their company's business records and internal controls have been reviewed and recommendations made to make necessary improvements.

The biggest criticisms of the legal necessity for audit usually come from very small companies in which directors and shareholders are one and the same. They argue that since the addressees of the report are the shareholders, then the audit report can tell them as director/shareholders nothing about the accounts that they do not already know.

But the argument holds less weight where a company is dependent on outside finance and credit – in such a case, the company will need to provide reliable evidence to outside parties of the soundness of its finances, and it is here that the existence of audited accounts brings direct commercial value to a company.

Most small companies pay a combined fee to the same firm for the preparation of their accounts and for the audit itself. The cost of the audit, therefore, may not always be billed separately. If you are unsure what proportion of the combined fee pays for the preparation of the accounts and how much for the audit, ask your accountant. You may find the cost of the audit forms a relatively small part of the overall fee.

An independent audit is still seen by many third parties as being the best and most trusted form of financial health check that a company can have. If a business needs loan finance then the bank or other lender will invariably want to see audited accounts as the basis for its lending decision. The audit report gives the lender information not only about whether the figures in the accounts add up but whether the company is a good credit risk. Unaudited accounts will give the reader no clue as to whether the business is likely to continue in good financial health. If small companies have not had their accounts audited beforehand, therefore, they will very often be required to commission an audit for commercial reasons, in which case no cost saving will accrue from audit exemption.

Similarly, credit managers at companies from which a small company wishes to buy goods and services will wish to establish its financial position before doing business with them. Audited accounts will often be requested for this purpose in respect of any material level of credit.

Also, the Inland Revenue has traditionally looked to audited accounts as the basis for its determination of a company's tax liability. If a company's accounts have not been audited, then the Revenue may wish to seek more information from the company than it otherwise would.

Early soundings suggest that many will still choose to have their accounts audited. Research carried out for the DTI indicates the majority of companies affected by the increase in the exemption threshold will continue to have their accounts audited on a voluntary basis.

John Davies is head of business law at the Association of Chartered Certified Accountants.

Classifiedads

Appointments £27.00 P.S.C.C. + VAT minimum 3x1.
General classified £18.00 P.S.C.C. + VAT minimum 3x2.
Box Numbers £15.00 extra. Available on request. Copy date noon Tuesday prior to Saturday publication.
Cancellation deadline 10am Friday; one week prior to insertion date. All cancellations must be in writing.
Contact Debra Thackeray. Chemist & Druggist (Classified), CMP Information Ltd, Sovereign Way, Tonbridge, Kent TN9 1RW. Telephone 01732 377493, Fax: 01732 377179. Internet: http://www.dotpharmacy.co.uk

All major credit cards accepted

Appointments

Appointments

Appointments

LEICESTERSHIRE PHARMACEUTICAL COMMITTEE
Applications are invited for the post of Secretary to the Leistershire Pharmaceutical Committee.

Applicants should have experience in the health sector, preferably in Pharmacy and have a detailed knowledge of the working of Health Committees and Primary Care Trusts. Applicants having an understanding of the Health agenda and previous experience in this field would have an advantage. I.T. skills are essential and the post will be part-time. Salary by negotiation and dependant on experience.

Applications in writing to Mr L H Pole, FCA; Numerica, Stoughton House, Harborough Road, Oadby, Leicestershire, LE2 4LP

Accountants

ATTENTION!!!

ARE YOU PLANNING TO SELL YOUR PHARMACY IN THE NEXT 5 YEARS?

Let us help you to maximise your profits by grooming your business for future sale.

WE CAN ADVISE YOU ON:

- **How to structure your business to minimise your tax bill when you sell.**
- **Increasing your turnover.**
- **Increasing your gross margin.**
- **Monitoring your expenses.**
- **Benchmarking your business against similar pharmacies.**

For more information, please visit:

www.pharmacyexperts.com

or contact: **Anne Hutchings**

on: **01494 722224**

Facsimile: 01494 434764

Email: anne@hutchingsandco.com

Hutchings & Co.

The Leading Tax Consultants and Accountants for Pharmacists.

Business Wanted

Sell up to us

Our progressive choin of over 80 shops is keen to ocquire phormocies in Southern Englond ond Eost Anglio. leosehold or freehold.

Coll Tony Hough on 020 8689 2255 ext 221, or mobile 07740 878836. All enquiries treoted in strictest confidence.

Day Lewis Hause, 324 Bensham Lane, Thornton Heath, Surrey CR7 7EQ
email: tonyhaugh@daylewisplc.com Fax. 020 8689 0076
www.daylewisplc.com

DAY LEWIS

Kendalls DYL123

Business Wanted

THINKING OF SELLING YOUR PHARMACY ?

- Do you want the best possible price for your business?
- Remember it's not the amount you get for your goodwill that counts but how much you are left with after tax
- Hutchings Consultants Ltd is a one-stop shop with expertise both in negotiating pharmacy sales and tax mitigation.
- We have clients throughout the UK seeking businesses with a turnover of £500,000+
- Why not call us today for further information

Call Anne today on:

01494 722224

Hutchings Consultants Ltd.

Maple House, 53-55, Woodside Road
Amersham Bucks HP6 6AA

The Brokers for Successful Pharmacists

www.pharmacyexperts.com

Business for sale

Courses

Products and services

Products and services

POSITIVE SOLUTIONS LIMITED

Amazing!

ANALYST IPS provides truly integrated PMR & EPoS functionality. A commercial and professional decision support system allowing you to meet the challenges of 'Pharmacy in the future' with confidence.

For sheer exhilaration - no snowboard required, call us today:

Call **01254 833300**
for a free demo CD and our new brochure

EF CDSC253

Positive Solutions Limited, Solutions House
School Lane, Brinscall, PR6 8QP www.positive-solutions.co.uk

NO STOCK – NO SALE

Check your stock of STUD 100® and Premjact® Desensitizing Sprays for Men now!

Always read the Label/Leaflet

SEND YOUR ORDERS TO:
Pound International Ltd., 109 Baker Street, London W1U 6RP
Tel: 020 7935 3735 Fax: 020 7224 3734
E-mail:pound@dial.pipex.com

PSOP MEANS PEACE OF MIND
THE COMPLETE PRINTED REFERENCE GUIDE TO SOPs
Surpass forthcoming RPSGB '05 requirements • Protect your professional status • Maximise your dispensary performance • Minimise Errors • Meet & exceed your potient needs • Increase your business performance
10 Chapters detailing all areas of Pharmacy Standard Operational Procedures
www.psop.co.uk LPC Approved

SLIMSPEX - Reading Glasses

Surplus Stock - 15,000 units
In individual Anodised Aluminium cases
Available in 5 Powers - 5 Colours
0.50p per unit

Enquiries - Please Call 0779 1015431

Tax Consultants & Accountants

Should you be looking for more from your accountants and tax advisers?

- Have you ever tested your current accountant? *(You can do this by visiting www.modiplus.co.uk and clicking on "test your accountant")*
- Are you looking to change your accountant or tax adviser?
- Are you fed up with paying too much tax?
- Are you paying too much for poor advice or service?
- Are you treated with indifference?

If your answers to these questions are mainly YES, you need our services urgently. Call Umesh or Jay for more information or for a FREE consultation on the numbers below:

THE INSTITUTE OF CHARTERED ACCOUNTANTS IN ENGLAND & WALES

modiplus ADDING VALUE

LONDON: Umesh 020 7433 1513
MANCHESTER: Jay 0161 980 0770
www.modiplus.co.uk
THE ONLY REGULATED FIRM OF CHARTERED ACCOUNTANTS AND TAX ADVISERS SPECIALISING IN RETAIL PHARMACIES

Clockwise from top left: Julie Marr, Peter Mushington, Tony Foreman and Zoe Smith

Nucare has announced the appointment of **Peter Mushington** as national account development manager. Mr Mushington has previously worked for Trident Pharmaceuticals, Europharma, APS Berk and Norton Healthcare.

Weleda has appointed a new pharmacist to be responsible for the day to day running of its specialist dispensary and manufacturing unit. **Zoe Smith** has just completed Weleda's six-month intensive natural pharmacy training course, and was previously pharmacy manager at Manor Pharmacy in Derby city centre.

Tony Foreman has been appointed chief executive of Almus Pharmaceuticals. Mr Foreman will remain managing director of UniChem's generics arm OTC Direct, and will have a new deputy in **Peter Hebblethwaite**. Mr Hebblethwaite joins OTC Direct from Sainsbury's, where he held a number of senior positions.

Julie Marr has been named surgical buyer for new healthcare products supplier Axis Medical. Ms Marr has joined from Wardles where she held a similar position.

BR funds school sports computer

Tessa Jowell MP thanks BR Pharmaceuticals' Phillip Byrne for the contribution to St Mary's School

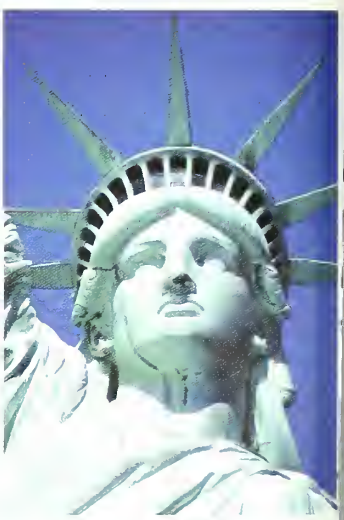
BR Pharmaceuticals has donated a specialist computer to a local school to improve pupils' sports technique. The £2,500 sports analysis system will enable pupils at St Mary's School in Menston, West Yorkshire, to play back their actions in slow motion to fine-tune their movements.

While delivering the computer, BR Pharmaceuticals' managing director Phillip Byrne was thanked by sports minister Tessa Jowell who was on a visit to the school.

Mr Byrne said: "I know how invaluable this equipment will prove as my golf tutor used a similar system to help me improve my swing."

The gift of the computer has furthered BR Pharmaceuticals' relationship with St Mary's School. Every summer it makes a donation of £2,000 so all the pupils can travel to South Leeds Stadium for its annual "Olympics" sports day.

Pharmacists choose USA over Cornwall



If anyone was in any doubt over whether the times really are changing, a recent Mawdsleys survey may answer a few questions. Its research discovered that while the top three spots for pharmacists' first holidays were Cornwall, Blackpool and Rhyl, the most popular destinations for pharmacists' holidays this year are the USA, France and Spain.

The wholesaler also asked pharmacists who their ideal holiday companion would be. George Clooney was the most popular choice for women, with Jordan (the model, not the country) being the top choice for men. And though a quarter of those surveyed said they take more than one holiday a year, it would appear that few have plans to visit their dream destinations of Australia, Mauritius and the Maldives.

Medical supplies head for Bulgaria

Goldshield Pharmaceuticals and Antigen International Pharmaceuticals have donated over £250,000 worth of pharmaceutical products to the Bulgarian Red Cross.

Morphine preparations were among the wide range of medications supplied by the two companies for use in hospitals and clinics last month. Mike Reardon, executive director of parent company Goldshield Group said: "We are currently not in Bulgaria at all, so I hope this opens the door for wider discussions. We are looking to make further donations to other charities and are in discussions with several parties."

Andreas is king of the go-kart

Andreas Carlton has been named the fastest pharmacist in Yorkshire after 50 pharmacists took part in a go-karting grand prix last month.

The event took place at Sprint-Motorsport in Sheffield and was organised by the wholesaler Mawdsleys. It followed an open day at Mawdsleys' recently relocated Sheffield depot that was attended by over 80 pharmacists and assistants.

Sales director Paul McAllister said: "We had a great day and it was fantastic to see so many of our customers keen to show off their driving skills." Mr Carlton of Carlton Pharmacy in Ossett near Wakefield was awarded a go-karting gift voucher.

Mawdsleys' sales director Paul McAllister presents Andreas Carlton with his "fastest around the track" certificate

Win a superb family break on the beautiful island of Jersey

NEW FOR 2004

EVERYONE'S A WINNER! Enter this Pharmacy Travel prize competition and you will automatically receive a holiday discount voucher worth up to **£500**

he largest and most southerly of the Channel Islands, Jersey is just 14 es from the French coast. ffect for a family break at any e of year, this welcoming nd combines the best of tain with the added zest of nce. You won't need sports and there's no need for eign currency. Sparkling seas, den beaches, picturesque bours and historic castles uit visitors to the island and re's no shortage of family entertainment, places to explore and sights to see.

The Beaufort is one of Jersey's finest hotels; a modern, friendly and family orientated establishment ideally situated in St Helier – the island's capital. Guest rooms are extremely well appointed and the excellent facilities include a delightful outdoor pool with waterfall, heated indoor pool and sauna. The Beaufort's new bar and restaurant, 'Bohemia', is one of the best on the island while the informal Courtyard Restaurant overlooks the pool and serves breakfast, light meals and refreshments.

The prize is for 2 adults and 2 children under 12 (sharing a family room) travelling between 15 April and 30 June 2004 or 1 September and 31 October 2004 (subject to availability). It includes 3 nights' accommodation at The Beaufort Hotel, breakfast and return sea travel from Weymouth or Portsmouth.

Call now **08705 114488**

9am to 8pm Monday/Friday – 9.30am to 5pm Saturday

1 This competition is open to any pharmacist or anent member of staff who works at an address receives either *Chemist & Druggist* or *munity Pharmacy* **2** Competitors may enter gh *C&D* or *Community Pharmacy*, but may only it one entry. Double entry will disqualify both s **3** Entries must be on an original coupon from or *Community Pharmacy*, and to be eligible for ize entrants must correctly answer the question e coupon **4** The prize offered will be as stated. No ative holidays or cash prizes will be offered mes of winners will be published in *C&D* and *munity Pharmacy* **6** In any dispute, the decision IP Information Pharmacy Group's publishing or will be final and no correspondence will be ed into **7** Employees of CMP Information Ltd, Clubs International and trading divisions and mmediate families are forbidden to enter **8** No ase is necessary to participate **9** The closing or this month's competition is as printed on the coupon.
Supplied to CMP Europe Ltd and CMP Information ay be shared with any member of the United ess Media Group world-wide, associated anies and subsidiaries for the purposes of mer information, direct marketing or publication may also be made available to external parties on ental or lease basis for the purposes of direct ting. If you do not wish data to be made available ernal parties on a list rental or lease basis, please to the Data Protection Co-ordinator, CMP nation Ltd, Dept PHP649, FREEPOST LON 15637, idge, TN9 1BR or Freephone 0800 279 0357.

Pharmacy Travel guarantees year-round savings

A combination of generous discounts and exclusive offers always ensures excellent cost savings on:

- ✔ Activity holidays
- ✔ Airport car parking
- ✔ Airport hotels
- ✔ Airport lounges
- ✔ All-inclusive resorts
- ✔ Apartments
- ✔ Beach clubs
- ✔ Boating holidays
- ✔ British holidays
- ✔ Camping holidays
- ✔ Car hire
- ✔ Citybreaks
- ✔ Coach holidays
- ✔ Country house hotels
- ✔ Cruises
- ✔ Escorted tours
- ✔ Flights
- ✔ Fly-drive holidays
- ✔ Golfing breaks
- ✔ Health spas
- ✔ Holiday villages
- ✔ Hotel bookings
- ✔ Independent travel
- ✔ Motoring holidays
- ✔ Package holidays
- ✔ Safaris
- ✔ Sailing holidays
- ✔ Shortbreaks
- ✔ Ski holidays
- ✔ Special-interest holidays
- ✔ Sports holidays
- ✔ Theatrebreaks
- ✔ Theme parks
- ✔ Villas
- ✔ Yachting holidays

For further information call Pharmacy Travel

08705 114488

A service provided by TCI Direct (ABTA 55821)

travel**offer**

Entry coupon Mar1304CD

Closing date April 2, 2004

Q The audit exemption threshold for many UK companies is rising from £1 million to how much?

A

Full name

Full pharmacy name and address

Signature

Post Code

Send your entry to: Pharmacy Travel, CMP Information, Sovereign Way, Tonbridge, Kent TN9 1RW

Johnson & Johnson · MSD

Only one heartburn treatment...

- Starts working within 2 minutes
- Lasts for up to 12 hours
- Requires only 1 chewable tablet
- Costs only 32p for all day relief[1]

Pepcidtwo chewable tablets

Fast and long-lasting relief

Goes to work within 2 minutes

Balances acid for 12 hours

6 or 12 tablets

CoMedis

For further information and transfer orders please go online to www.comedis.co.uk

MAJOR NATIONAL TV CAMPAIGN

Essential Information: **Product Name**: PEPCIDTWO, chewable tablet **Presentation**: Rose coloured, round, flat chewable tablet containing famotidine 10mg, magnesium hydroxide 165mg and calcium carbonate 800mg. **Uses**: Short-ter symptomatic relief of heartburn, acid indigestion or excess acid symptoms. **Dosage and Administration**: Adults and Adolescents over 16 years old Chew one tablet thoroughly when symptoms occur No more than 2 tablets to be take in 24 hours The maximum continuous treatment period is 6 days Patients should not purchase a second pack without the advice of a pharmacist or doctor **Contraindications**: Hypersensitivity to the active substances or any of th excipients Medical advice should be sought in case of moderate or severe renal failure, severe hepatic impairment, patients with any other illness or taking any other medications, middle aged or older patients with digestive troubl occurring for the first time or if these symptoms have recently changed, patients with unintended weight loss associated with dyspeptic symptoms. **Precautions**: Patients should seek medical advice in case of: difficulty swallowing persistent abdominal discomfort or if taking non-steroidal anti-flammatory drugs, especially the elderly As Pepcidtwo contains sucrose and lactose, patients with fructose intolerance, glucose-galactose malabsorption syndrome, sucras isomaltase deficiency, lactase insufficiency or galactosaemia should not take this medicine **Side Effects**: headache, nausea, diarrhoea, dizziness, nervousness, flatulence, eructation, dry mouth, thirst, paraesthesia, abdominal distensio abdominal pain and taste peversion **Legal category**: GSL **PL Number**: PL13249/0029 **PL Holder**: Johnson & Johnson MSD Consumer Pharmaceuticals, High Wycombe HP10 9UF, UK. **Packaging quantities, Price**: 6 tablets, £2.25, 12 tablets, £3.8 **Date of Preparation**: May 2001 1 One tablet assumed as average daily dose Pepcidtwo 12 tablet pack size RRP £3.85 used Price correct as at February 2004 ® is a registered trade mark